Maternal and Child Health Services Title V Block Grant

Palau

FY 2024 Application/ FY 2022 Annual Report

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I. General Requirements

I.A. Letter of Transmittal

Republic of Palau
Ministry of Health & Human Services
P.O. Box 6027 Koror, Republic of Palau 96940
***Phone*: (680) 488-2552/3 *Fax*: (680) 488-1211**
E-mail: administration@palauhealth.org Website: www.palauhealth.org

July 27, 2023

HRSA Grants Application Center
Attn: Maternal and Child Health Title V Block Grant
901 Russell Avenue
Suite 450
Gaithersburg, Maryland 20879

Dear Sir/Madam:

The Republic of Palau is submitting the enclosed Grant Application for the Title V Maternal and Child Health Services. The requested financial assistance under this program will provide the much-needed support to enhance and improve health services for mothers, infants, children and adolescents, children with special health care needs and their families and women within the reproductive age group.

The Republic of Palau extends its gratitude to the grantor agency for the continued assistance in ensuring that Palau continues to provide critical support and delivery of healthcare services to its MCH population.

Should you require additional information, please do not hesitate to contact the office of the Primary and Preventive Health, Bureau of Public Health and Human Services, Republic of Palau at (680) 488-4804 or by email to mindy.sugiyama@palauhalth.org .

Respectfully,

Mindy Sugiyama
Project Director
CSHCN Director, MCH
Bureau of Public Health & Human Services
Republic of Palau
P.O. Box 6027, Koror, Palau 96940 Tel: (680) 488-4804

I.B. Face Sheet

The Face Sheet (Form SF424) is submitted electronically in the HRSA Electronic Handbooks (EHBs).

I.C. Assurances and Certifications

The State certifies assurances and certifications, as specified in Appendix F of the 2021 Title V Application/Annual Report Guidance, are maintained on file in the States' MCH program central office, and will be able to provide them at HRSA's request.

I.D. Table of Contents

This report follows the outline of the Table of Contents provided in the *"Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms,"* OMB NO: 0915-0172; Expires: January 31, 2024.

II. Logic Model

Please refer to figure 4 in the "Title V Maternal and Child Health Services Block Grant To States Program Guidance and Forms," OMB No: 0915-0172; Expires: January 31, 2024.

III. Components of the Application/Annual Report

III.A. Executive Summary

III.A.1. Program Overview

Program Overview

The Title V Maternal and Child Health block grant is administered by the Family Health Unit (FHU) under the Division of Primary and Preventive Health, encompassing the MCH and Children and Youth with Special Health Care Needs (CYSHCN) Program. Other federally funded programs under the FHU include the SSDI, Title X Family Planning and the UNHSI/EHDI. The Title V Maternal and Child Health Block Grant provides essential financial and technical support to the state to deliver programs that improve the well-being of mothers, infants, children, and youth, including children and youth with special health care needs (CYSHCN), and their families. In 2021, the new government administration revised its organizational chart based on legislation to separate the one government-operated Belau National Hospital from the Ministry of Health and Human Services (MHHS), to allow resources to focus more on disease prevention and health promotion. Under this new organization, there are only two bureaus: Bureau of Hospital Services (which will be separated once a board authority becomes functional) and the Bureau of Public Health and Human Services, in which is the Division of Primary and Preventive Health is under. The Maternal and Child Health Program is the only program in the Republic of Palau that provides promotive, primary and preventive services through the community health center program (FQHC). Some secondary and all tertiary care for children 0-5 years of age are referred to visiting specialist physicians and off island medical centers.

MCH Population

Based on the 2020 Palau Census, approximately 42% are within the reproductive age group (15-44), while children and infants 0 through 17 comprise about 24%. About 4% of children and adolescents (0-17 years old) have special health care needs. A majority of Palau's population fall below the 100% federal poverty guideline and by US standards, the entire nation of Palau is a rural area.

Framework for Needs Assessment, Program Planning, and Performance Reporting

Palau's MCH priorities are identified in statewide needs assessment that is conducted every five years, and continual assessment during interim years. The program completes mini assessments on program activities that provides direction on activities that are developed for the following year. Institution-based data from various sources including medical charts, WEBIZ, disease registries, and other databases are collected and analyzed. The annual school health screening report also serves as the main source of children and adolescent information. The program identifies opportunities to present the data to partners and stakeholders for feedback, which is then incorporated into plan revisions.

Key Findings:

In early 2022, Palau experienced its first and highest surge of COVID-19, and from January to early April, all services (except for emergencies) were suspended to focus all resources on COVID response activities. The impact of the pandemic, compounded by unmet needs of the community, and disease trends in the last two decades can be seen in the past year and Palau expects to see more of it in the upcoming years.

We saw more women and pregnant mothers with co-morbidities in our clinics. Over 30% of these women were overweight or obese, over 10% with gestational diabetes and depression, and over half using tobacco. Palau also continues to see high rates of infant mortality and C-sections for such a small population.

Less than half of children received a developmental screening in our clinics. Obesity remains a public health concern in this population, along with oral and behavioral health concerns. Over half of children ages 5 to 10 report being made fun of at school, 30% reported inflicted with violence, and 11% bullied in other ways. Our data also shows an increase in chlamydia rates among adolescents and concerning number (7%) of sexual activity, with the mean age of first sexual intercourse at 11. Furthermore, 1.3% report multiple sex partners, 17% do not use contraceptives, and about 80% do not use condoms. Other risky behaviors in our youth population include high rates of alcohol consumption at 22% and about 20% using tobacco. Self-harming behavior in the 11 and older age group is an alarming public health concern in Palau. The increase was observed from late 2019 to 2022 for both male and

female adolescents. However, self-harming behaviors were more common among female students and may be related to higher rates of depression.

One out of five children with special health care needs in Palau have ongoing physical/medical conditions lasting more than 12 months. Approximately 46% are reported with moderate to severe conditions, and about 54% have needs that usually remain the same. About 42% live in families with less than $10,000 annual household income, and 30% spend more than $100 on monthly medical care. Additionally, 78% of parents of children with special health care needs utilize their medical savings account to cover for prescription cost. In 2020, 15% of families of CSHCN said they did not have enough money to pay for care. Access to care remains a challenge with limited specialty services on the island. The program works with the medical referral office to prioritize required specialty services for CSHCN when a request is made through Tripler Medical Center and Shriners Hospital in Hawaii.

The Palau MCH program continues to build upon its strengths in efforts to address these various public health concerns. The MCH population is a priority for Palau, and this was highlighted during the pandemic. Our clinics were the first to reopen after the surge, and infection control measures were put in place to ensure that women and children felt safe and confident to access our services. Because of this, there was only a 10% decrease in the number of patients accessing MCH services. We maintained the percentage of women accessing pre-natal care at 60%.

With maintained and established collaborative relationships, our breast feeding campaigns continued so than more than half of women reported breastfeeding exclusively for 3 months in 2022. Almost 90% reported resting their infants on their backs (safe sleep).

Although there was a slight decrease in the number, we were still able to implement school health screening to all the schools in Palau. 53% of adolescents between the ages of 11 to 19 participated in the screening. In 2022, the program identified and referred 63% of the participating students for further assessment, counseling and treatment. Collaborations and partnerships are also the program's strengths, and they also allow the program to provide guidance in strategies that promote the health of children and adolescents. And because of this, the Ministry of Education, over the years, have implemented more and effective strategies to increase physical activity and nutrition in the schools. Our non-federal partners (i.e., Coalition for a Tobacco Free Palau and SAFE Committee) advocate for us and in the past year alone, legislation was passed to implement the Seat Belt Safety Act and a ban on the sale and use of vapes or electronic cigarettes.

Palau has taken steps to address issues of care, especially in light of the delayed and pronounced health needs of the community due to the pandemic and our local capacity for primary, secondary and tertiary care. A notable change in the past year has been the passage of a legislation to separate the Belau National Hospital from the Public Health department, to allow more investment of resources where is it much needed, in disease prevention and health promotion. This was especially pronounced during the pandemic and in early 2022 when Palau experienced its first and highest surge of COVID-19, all resources were redirected to the response. Lessons learned from the response include the leveraging of resources to ensure successful achievement of objectives.

Finally, Palau learned the value of telehealth and its potential in not only allowing for workforce education and training, but for provider – provider consultations and delivery of much needed services to patients in remote areas, or who cannot come into the clinics for other reasons. At this time, the Ministry of Health is working with regional partners to establish a formal telehealth program in Palau.

Palau MCH Priorities:

Most of Palau's priorities remain the same except for a couple of revisions to ensure inclusivity.

- Well woman
- Child and adolescent immunization
- Substance use among youth
- Mental health among pregnant women, children, and adolescents
- Systems improvement for MCH and CSHCN

- Youth sexual health
- Childhood obesity
- Improved birth outcomes and child/adolescent health
- Oral health for pregnant women and children

Women/Maternal Health

Palau will focus on the health of the woman before, during and after pregnancy, and will open an additional clinic to offer women of reproductive age, affordable and accessible preventive medical visits in a community health center. Furthermore, efforts will be taken to increase the number of women who access early prenatal care, by working with partners and taking the time to educate the woman and the community on the importance of the healthy women, mother, child and family. The program will work with the health center and other partners to ensure that these medical preventive visits are comprehensive (medical, dental, mental) based on guidelines, and that women are provided or referred to needed interventions as necessary.

Perinatal/Infant Health

The program recognizes that the health of the infant is essentially dependent of the mother during pregnancy. Unplanned and complicated pregnancies often result in pre-term or low birth weight. With this the team determines prenatal care during the first trimester as an objective to focus on this year. Revisions were made to the Priority Need to accommodate the comprehensive approach strategy the team is planning to pilot in women's health. Breastfeeding and safe sleep are helpful factors to healthy infants and reducing infant/fetal mortality and therefore these will remain as strategies/activities for the year as well.

Child Health

Palau Title V program recognizes that child population in Palau are a vulnerable and dependent group needing extra efforts in accessing healthcare services. Oral health, obesity, and mental health have been determined as priority need areas for this group. Revisions were made to some strategies in order to assure effective implementation of activities. Program will work closely with oral health to ensure delivery of services in the clinics and in school outreach. Established partnerships in the community will allow the program to support activities that will also promote more and innovative ways for physical activity among the youth. The program also will work with the health center and partners to ensure that developmental screening is implemented and work to enhance EHR system to include this screening tool.

Adolescent Health

Palau Title V program identifies this domain with the most risk factors that call for action. Based on MCH and partner data, sexual behaviors, alcohol and tobacco use, obesity, oral health and HPV immunization are considered priority needs for this domain. Revisions were made in order to align with selected priority needs, although continued changes to improve performance measurement framework is still necessary. Our school counselor will work with partners to adopt a school-based intervention to decrease alcohol and drug use in adolescents, and implement educational sessions on sexual and reproductive health. The program will also work with immunization and cancer programs to revise and implement a parental consent form that will educate parents on the importance of the HPV vaccine. The program will continue to work with oral and behavioral health divisions to implement activities in the schools to address oral health and psychosocial issues.

Children with Special Health Care Needs

Palau Title V program identifies this domain as the most vulnerable. This upcoming year, FHU wants to raise awareness about the needs and voices of this population group. Revisions were made in order to align with selected objectives, although continued changes to improve performance measurement framework is still necessary.

Cross cutting

Workforce capacity is such an integral part of the MCH program; however, workforce development is a huge endeavor with so many parts that it can become overwhelming. For this year, the program will draft a simple training plan, that outlines program staff and select partners (i.e., MCH physicians and nurses), and the type of training needed and attainable for the particular year. The program will coordinate and support the training for the year.

Evaluation Efforts:

The program conducts a few surveys every 1-2 years. These include client satisfaction surveys and an assessment on the quality of services that we provide.

The program epidemiologist/evaluator has also started working on evaluation plans to assess the effectiveness of the interventions that we implement as well as the process. For this upcoming year, the program will have an evaluation plan attached to the action plan.

III.A.2. How Federal Title V Funds Complement State-Supported MCH Efforts

The Title V Federal funds are utilized to support all efforts toward the maternal and child population within the Republic of Palau.

From the Ministry of Health and Human Services (MHHS), the Family Health Unit (FHU) manages this funding by reinforcing Enabling Services to improve access to healthcare and health outcomes. These services include the Prenatal, Postnatal, Well-baby, High-Risk, Family Planning and Male Health Clinics held at the community center(s). These clinics serve as one of the main functions of the program that is year-round. With Title V, our providers remain certified and capable of handling the health of pregnant women, new mothers and their children. Another notable example is the School Screening, held yearly by FHU's School Health Program, that plays a large part in our data collection and capturing of at-risk individuals in schools. Title V strengthens our efforts in educating, screening and referring children and adolescents as necessary to other services. FHU's Children and Youth with Special Health Care Needs (CYSHCN) program is also supported by Title V Funds and enables careful monitoring of this population by home visitation and training of stakeholders.

In addition to Enabling Services, the Public Health Services and Systems of Palau are also being supported through Title V dollars. The MCH Block Grant supports policy development, assessments, program planning and implementation, workforce development, and health campaigns. FHU partners with internal and external entities to form committees and councils to review and identify mechanisms needed to assist services further. Title V also supports workforce development by building the MCH capacity and capability.

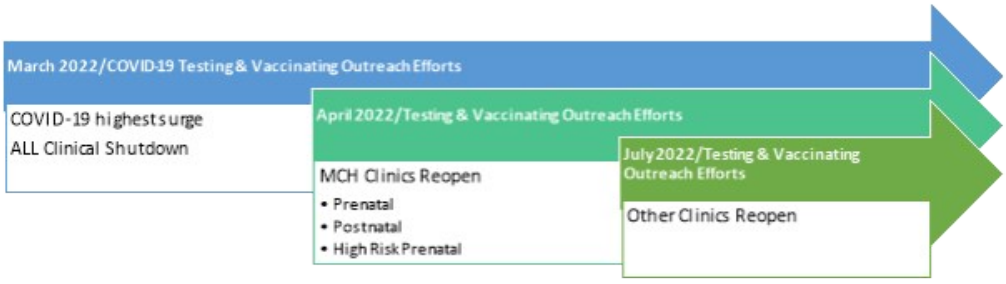
This partnership has also introduced the Family Health Unit to other states and jurisdictions, whose shared experience and knowledge further enhances our capacity to fulfill our program. This affiliation with the Federal Title V is not limited to funding, but its support and the relationships built from it allow the implementation of our services and securing of family partnerships with a similar approach and a holistic vision.

III.A.3. MCH Success Story

MCH – Priority Indeed

Palau's experience with the COVID-19 pandemic was felt much later than the rest of the world. As soon as the viral disease hit Guam, Palau closed its borders in March 2020 and cautiously reopened in 2021 – considered COVID-safe as 80% of the population had been vaccinated against the virus. It was not until 2022 where Palau suffered its highest COVID-19 surge and forced the shutdown for all the clinics under the Division of Primary and Preventive Health.

Palau's MCH program was the first to reopen its clinic doors within just a month from closure while the rest of the clinics reopened four months after the shutdown. Because of this brief pause to the MCH clinics, there was only about 10% decrease in the number of patients who accessed MCH services in 2022, due to the response action of the team. In turmoil and disarrange, it was evident that the MCH population was of great precedence to all and all efforts were to address this priority first, especially the High-Risk Prenatal clinics.



Not only does this express the significant value MHHS has on this population, but it also demonstrates the strength of collaboration that the MCH program has with its partners. MCH staff, along with other health department staff, were at the forefront of response activities such as COVID-19 testing and vaccinating; and despite the shift of focus for all, MCH needs remained a top priority indeed.

III.B. Overview of the State

Geography

The Republic of Palau is situated 814 miles southwest of Guam on the western rim of what was once known as The Caroline Islands, which later became the U.S. Trust Territory of the Pacific Islands under the U.N. Trusteeship Agreement. Palau maintains a close relationship with the United States under the Compact of Free Association. The Island is an archipelago consisting of high volcanic islands, raised limestone island, classic atolls and barrier reefs extending nearly 700 miles on a northeast to southwest axis. Palau has a total land mass of 188 square miles, which is roughly equivalent to the island of Guam or 2.5 times the size of Washing D.C. The main island group, which lies 7 degrees above the equator consists of 14 of the States of Palau. The island of Koror and Babeldaob are connected via roadways and bridges, while the island-states of Kayangel, Peleliu and Angaur are accessible by boat or plane (Peleliu and Angaur only). A small group of islands 200-380 miles southwest of the main islands of Palau make up the states of Sonsorol and Hatohobei and are only accessible by larger ships. The grouping extends from Kayangel, the northern most atoll, to Babeldaob, Koror, and over a hundred uninhabited island enclosed in a barrier reef, and ends with the small islands of Peleliu and Angaur to the South and Sonsorol and Hatohobei to the Southwest. The 7.1 square mile island of Koror is the island's administrative and economic capital, with 70% of the population residing either there or the neighboring state of Airai, located on the island of Babeldaob. Babeldaob itself is the single largest island, second in Micronesia only to Guam, and it is connected to Koror via a bridge. Five states (Kayangel, Angaur, Peleliu, Sonsorol and Tobi) are accessible by either boat or a small plane (Angaur and Peleliu only) or via ship only (Sonsorol and Tobi).

History/Culture

Traditionally, Palau was comprised of several competing chiefdoms. The society was characterized by a system of strong, ascribed hierarchical social ranking where the matrilineal descent determined social position, inheritance, kinship structure, residence, and land tenure. Since western contact, dramatic societal changes have occurred, perhaps the great contributing factor being depopulation due to the introduction of western diseases. Only a tenth of the estimated original pre-contact population of 40,000 remained at the turn of the century. Regardless, traditional society continues to play an important function in the daily lives throughout the entire strata of the contemporary Palauan society. While Palauan and English are the official languages, many persons 70 years and older still speak

Japanese, having been educated during the Japanese administration of these islands from 1914 to 1945.

Demographics

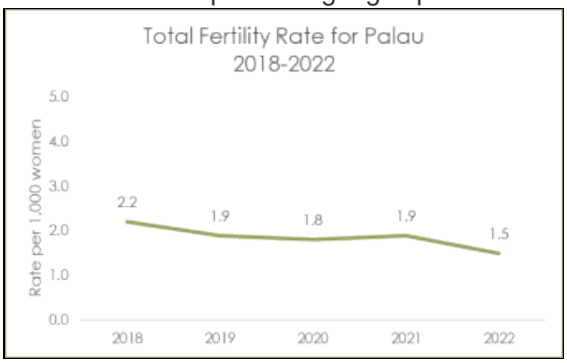
Palau has experienced a tremendous decline in population over the past ten years. Palau's population, based on the 2020 census, is 17,614. Gender difference indicates more males than females in all age groups except those 65 and above. Approximately 42% are within the reproductive age group (15-44), while children and infants 0 through 17 comprise about 24% *(Table 1).* Population growth continues to decline by high levels of Palauans moving to the United States and other neighboring countries and territories in search of better education and job opportunities. The population growth rate in Palau is at 1% annually.

Table 1: Population Distribution by Age Group.
Source: 2020 Census Data; Office of Planning and Statistics, ROP

Population Distribution		
Total Population	17,614	
Sex		**%**
Male	9494	54%
Female	8120	46%
Age Distribution		
Population Under 5 years	1013	6%
Population Under 18 years	4213	24%
Reproductive Age Group (15-44 years)	7437	42%
CYSHCN Population (0-18 years)	228	4%
Racial and Cultural Diversity		
Pacific Islander	12656	72%
Asian	4660	26%
Other Races	298	2%
Language Spoken		
Palauan	7205	41%
English	12297	70%
Other Language (Tagalog, Chinese, etc.)	102	1%

Although Palau's racial and ethnic minority populations are growing, a large majority are Palauans. Therefore, population distribution by race and ethnicity was estimated as follows: Pacific Islander (72%); Asian (26%); all other races (2%). Children and youth with special health care needs is 4% of the 0 to 18 years population.

Palau's commonly spoken language is Palauan, and it is the official language spoken in most of the islands. The second most widespread language spoken in Palau is English. Most young adults and children of all ages speak fluent English at home and in the community. In addition, 96.6% of the population are literate (15 and over who can read and write).



Another important reproductive health indicator is the age specific fertility rate and the total fertility rate. The total fertility rate in 2022 was 1.5 or a woman in reproductive age would have 1.5 children at average in her lifetime. Reviewing the 5-year trend, it indicates a declining trend overtime. Furthermore, the annual crude birth rate in 10 years indicates a similar trend at 11.2 per 1,000 live births.

Healthcare

State	% Change	Population (2020)	Population (2015)	Distance to Koror in miles	Island(s) (% population)	Medical Facilities
Koror	-2%	11,199	11,444	0	Koror 64%	1 Belau National Hospital; 2 Main CHC Sites; 2 School Settings; 3 private medical clinics; 2 private dental clinics
Airai	3%	2529	2455	5	Babeldaob (31%)	Central Community Health Center II (Airai & Aimeliik)
Aimeliik	9%	363	334	9		
Ngatpang	2%	289	282	10		West CHC (Ngatpang, Ngeremlengui, & Ngardmau
Ngaremlengui	0%	349	350	13		
Ngardmau	29%	238	185	18		
Ngchesar	10%	319	291	9		Eastern CHC (Ngchesar, Melekeok, & Ngiwal
Melekeok	15%	318	277	14		
Ngiwal	11%	312	282	18		
Ngaraard	-4%	396	413	23		Northern CHC (Ngaraard, & Ngarchelong)
Ngarchelong	22%	384	316	23-31		
Kayangel	-24%	41	54	39-46	0.2%	Kayangel Satellite dispensary
Peleliu	-3%	470	484	20	3%	Southern CHC
Angaur	-4%	114	119	29	1%	Angaur CHC
Southwest Islands (Sonsorol/Hatohobei)	42%	92	65	250-350	1%	Satellite dispensaries in Sonsorol and Hatohobei
Unknown/Reside Outside of Palau	-35%	201	310			
Total	**-0.3%**	**17,614**	**17,661**			

Given the geographic nature of the island, several significant geographic barriers to health care access exist in Palau. With the main island (Babeldaob) having a paved road that provides motorized access to residents the high cost of fuel is a factor that prevents people from visiting the main Community Health Center. Most travel in Palau is by automobile and there are still a few states that do not have fully paved roads. The states within Babeldaob are all connected by roads that have either partial completed roads or currently in progress for completion (contingent on the ability of the states to secure funding for completion), some of which are impassable during rainy seasons. Palau receives nearly 200 inches of rainfall a year. This emphasizes that while almost 80% of the population has reasonable access to health care, the remainder must undertake lengthy and expensive automobile or boat trips to reach services.

The economic and population capital is Koror, home to 64% of Palau's residents. Koror is also the location of Palau's only hospital (Belau National Hospital), the Central Community Health Center (Central CHC), three private medical clinics, and two private dental clinics. The neighboring state of Airai, with 14% of the population, is also home to Airai CHC.

Family Health Unit Available Primary & Preventive Services
Preventive/Promotive Services
Childhood Immunization
Prenatal Services
Postpartum Services
Birthing/Parenting
Women's Health Services
Male Health Services
Family Planning
Well-Baby Services
CSHCN Services
Home Health Services
Behavioral Health Services
School Health Services
Oral Health Services

Primary and Preventive services are provided through the Bureau of Public Health. Under the most recent organizational structure of the Ministry of Health and Human Services, the Bureau of Public Health, Maternal and Child Health Program is under the direct management of the Chief of the Division of Primary and Preventive Health Services. The Central Community Health Center in Koror is where most services are available for the MCH population. MCH provides services for children with special health care needs, high risk prenatal mothers, population services such as prenatal/postnatal care, childhood immunization, family planning, gynecological and cancer screening services, well-child services, male health services, school health screening and intervention services. Funding is directed toward services that are designed to improve performance measures and address state priorities. The Title V MCH Block Grant is implemented by the Family Health Unit. The direction of the Program is under Sherilynn Madraisau who is the Director of the Bureau of Public Health and Human Services; and Edolem Ikerdeu, Chief of the Division of Primary & Preventive Health. This is seen as a practical administrative structure for the project as it crosses public health into the hospital. Other Divisions under the

direction of the Public Health are the Division of Behavioral Health, Division of Environmental Health and the Division of Oral Health. These divisions work collaboratively to ensure that general public health initiatives work together to improve the lives of those that live in Palau

The Ministry of Health and Human Services receives its annual budget from congressional appropriations. Per traditional usage of the health budget, population services such as those provided by the Bureau of Public Health receive the least revenue. At least three-fourths of the Bureau's budget for implementing preventive and primary health care programs and services comes from external sources through the US Federal Grants, WHO funding, and other multi and bilateral sources. With this analogy, most local revenue goes directly to hospitals and tertiary medical services. MCH direct services often compete for local resources that fund primary health care.

CSHCN in Palau often finds their healthcare needs unmet for various reasons, such as provider shortages, lack of access to specialists, lack of transportation, healthcare infrastructure, and long-term financial support. With limited specialty services, most children requiring further evaluation and treatment are sent off-island placing unprecedented stress on state budgets across the nation, threatening programs supporting the needs of CSHCN, and further exacerbating service gaps.

Socio Economic Characteristic

Palauan culture is centered on our connection to the land and sea. Traditionally, men develop skills and understanding of our waters and phases of the moon to be able to provide for household consumption and for supplemental income. The women tend to the land for subsistence farming and for some it is also to supplement household income. Familial obligations and traditions are still practiced in matters of birth and death. A woman that has her first-born child goes through a ritual of a 'hot bath' where it is believed to help heal and strengthen a woman's body from the effects of childbirth. It is through this belief that some feel that there is no need to seek appropriate women's health services, especially during pregnancy. During pregnancy, family members provide the expectant mother with healthy meals, take on roles that she plays, to help reduce undue stress and put in extra effort to eliminate opportunities of illness as well. A death in the family requires the collaboration of an entire clan to plan and take care of all costs associated with the funeral, financial obligations for the family of the deceased, including medical costs if any. This places an extra burden on families, because now they also have to plan on contributions to care for those that are in their clan. In the face of modernism, residents are increasingly seeking employment opportunities that take them out of our traditional practices and into opportunities where income can be guaranteed rather than being dependent on the seasons and the climate to provide for their families.

During the economic downturn in Palau in years 2008 and 2009, Palau's GDP fell by 3% and 12%, respectively, reflecting the world financial recession. In 2010, the economy grew by 1.3% and gathered momentum in 2011 and 2012 with a surge in tourist arrivals. In 2013, the economy contracted by 1.6%, with a significant drop-off in construction activity and declining tourist arrivals. The economy's estimated growth for 2014 was 5.4%, reflecting strong growth in tourism and related activities. However, the current level of economic activity is below that attained in the mid-2000s when large infrastructure projects and a vibrant tourism industry led to a record GDP. The estimated real GDP per capita grew by USD 1,028 since the 2006 HIES, from USD 9,500 to USD 10,528 between 2006 and 2014, respectively. (2014, ROP Household Income and Expenditure survey).

Socio-economic characteristics play an important role in determining the quality and accessibility of preventive screening and medical services. Since gaining independence in 1994, Palau's economy has grown steadily fueled by steady growth in tourism and aid-funded infrastructure development.

Despite economic growth, inflation has undermined the well-being of many families. Sharply escalating fuel prices

triggered a 200% increase in consumer prices and a 300% increase in food prices. Given the high level of dependence of Palauan families, especially lower income families, on imported foods, this highly inflationary period undermined the well-being of everyone, but especially the most economically vulnerable. Over the past 15 years, employment has nearly doubled for both men and women, however, women only account for approximately 40% of the workforce. This is likely due to a higher proportion of foreign male workers, coming to Palau to fill labor positions. These foreign workers also have a lower minimum wage than native Palauans, likely contributing to higher unemployment among Palauans.

The 2006 Household Income & Expenditures Survey (two weeks of field work) estimated the Basic Needs Poverty Line (BNPL) for Palau to be US $244.67 per household per week. With this index, it was estimated that approximately 24.9% of the nation was living at or below the BNPL with a slightly higher proportion of rural-dwellers living in poverty than urban-dwellers. Subsistence living, defined as producing goods for one's own family's use and needs (e.g. growing or gathering food; fishing; cutting copra for home use; raising livestock; making handicrafts for home use), is still commonly practiced especially in the rural areas of Palau and not counted as 'Employed'. According to the 2014 HIES survey (took place over 12 months) revealed that real household income had not changed since 2006 and only had slightly increased by 0.1% increase per year.

The highest proportions of poor households were Kayangel, Angaur, and West Babeldaob. For Kayangel and Angaur, their remoteness from Koror is likely a major factor in their relative level of disadvantage. For those in West Babeldaob the situation is more complex; it appears that there is considerably more movement to and from Koror with many families living in the urban center during the week and returning to their villages on the weekends. According to the HIES report, there is anecdotal evidence to suggest that many working couples may leave children in West Babeldaob villages to be looked after by grandparents and that unrecorded gifts of food and other essentials mitigate the low expenditure recorded by these households in the survey.

In 2020, the impact of the pandemic affected Palau's economy, education and health services and overall health and wellness of every man, woman and child. The closure of our borders occurred in April and followed through the end of the year and through very strict guidelines, planes were allowed entry to bring in stranded residents and emergency supplies. Shipments of goods via air and sea had many delays as many international ports were working on their own procedures to ensure human safety. Palau being heavily reliant on tourism dollars as a driving force for commerce, the economy saw a sharp reduction in earned income, sales of commodities and eventual job loss. This job loss extended outwards to include small businesses, fishing/farming to market business, hospitality industry and general merchandise sales.

Palau women and children experience disproportionate health outcomes in several domains. The causes of these disparities include long history of colonization and loss of traditional lifestyles. As Palau population adopts to western lifestyle and diet, the incidence of chronic diseases such as diabetes, heart diseases, and cancer become an increasing concern.

With the islands geographically isolated by water with less work opportunities, low income and higher cost for food, fuel, and supplies, as well as barriers to accessing health care services are among the contributing factors.
Geographic isolation means significant challenges in assuring all MCH populations have access to routine preventive care, and acute medical and specialty care. The Community Health Centers have no facilities equipped for childbirth, so pregnant women must leave their homes before their due date and travel to Koror for birth. Even well-child check-ups, prenatal exams and regular dental exams are difficult to provide. Recruiting and retaining physicians and primary health care providers for the centers is an ongoing barrier to providing health care services.

III.C. Needs Assessment
FY 2024 Application/FY 2022 Annual Report Update

Process Description

A conceptual framework was developed to guide the needs assessment process to acquire a realistic view of the state's MCH public health system in order to develop a five-year plan based on key MCH priorities. Three categories of data collection activities were conducted to obtain insights for the MCH populations.

Primary and Secondary Data Analysis - collection and analysis of the health status of women and children in Palau is conducted annually and every five years, including data related to demographics of women, children, adolescents, and children and youth with special health care needs and other relevant data through existing reports. Sources of data comes from medical records as well as annual surveys conducted with mothers, children and adolescents, patients, as well as the entire population (i.e., WEBIZ, UDS, Chronic Disease Electronic Health Management System, HIS, Cancer Registry, Palau Census Data, Palau Hybrid Survey). The data is compiled and organized and presented to internal and external partners, including community members through meetings, workshops/conferences, and outreach activities.

Community Input - A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to the various communities in the Republic of Palau. The program presents updated information to internal and external partners through various platforms and methods (emails, brochures, face to face events, social media, etc). Feedback is continuously collected and utilized for program planning.

Providers Input - MCH Providers and other public health partners are always involved in the needs assessment process. The MCH program through the annual FHU, Division of Primary End of year Conference provides an opportunity for providers to meet and share and exchange ideas on areas of greatest needs. This is an opportunity to look at the data, prioritize and redirect actions. This year, due to COVID-19, this conference was suspended; however, the entire Ministry conducted a Health Equity Summit which provided a similar avenue for discussions and feedback for improvement.

Palau MCH Program continues to identify every opportunity to share reports and findings and present in conferences, and during other public health programs and community meetings.

Findings

MCH Population Health Status

Women's/Maternal Health

Strengths

The consistent increase in the number of pregnant women who access prenatal services in the early (1st trimester) stages of pregnancy is encouraging for Palau. In 2022, **50% of females delivering a live birth received prenatal care beginning in the first trimester, and this is higher than previous years.** Although data indicates that 37% received prenatal care in the second trimester, this could be attributed to the fact that other pregnant women access early prenatal care through private clinics. A lot of efforts go into education and awareness on the importance of early prenatal care through outreach and in clinics. Furthermore, providers are provided refresher trainings in documentation to ensure indication of first prenatal visits regardless of initial visit (MCH or private clinics).

During prenatal visits, women are provided HIV/STI screening, preventive dental cleaning and exams, prenatal education, counseling and referrals for cessation services if they are currently using tobacco, alcohol, or other drugs, physical exams including weight management, exercise, and safe diet, screening for hypertension and blood glucose and controlling existing conditions such as high blood pressure and diabetes. All these are services are facilitated by other public health programs and the Community Health Center in its efforts to provide **comprehensive quality primary care services,** which also translates into practice in **expansions to other outlying states through this leveraging of resources.**

Needs

Women in Palau comprise 43% of the reproductive age of 15-44 years. The Palau Hybrid Survey 2017 Report indicates that women 18 years and older are more likely to be overweight or obese than their male counterparts, and although it increase with age, we still get a signifigant number of women in their reproductive years with this poor health outcomes. The same can be said for **elevated total cholesterol which was significantly highest among women, including those in their reproductive years.**

In 2022, 30% of women who accessed family planning services were overweight (25.0-29.9) and 37% were obese (30.0 and above). Majority of the overweight and obese women are of reproductive age of 25 to 34.

Palau continues to see **low fertility levels** below replacement fertility in the past 5 years. The overall fertility rate for Palau in 2022 was 1.5 per 1,000 women. Fertility rates of women within the high-risk group of <20 years old was 15.7 and the rate for women ≥35 years old was at 25.0 in 2022.

Another alarming yet **prevalent issue among pregnant women is gestational diabetes. In 2022, 12% of pregnant women were diagnosed with gestational diabetes. More than 60% are between 20-35 years old, 80% are Palauan, and 14% are Filipino. About 70% had a c-section, and 90% delivered big babies (≥2,500 grams).**

In 2022, **less than 40% of women** who accessed our MCH, family planning, and breast and cervical cancer clinics were able to receive preventive medical services. Furthermore, the **preventive medical services** in these clinics are not necessarily comprehensive (i.e., limited to no SUD services).

It is apparent that our population as a whole, and including women who are pregnant and/or of reproductive age. **Our 2022 survey also reveals that over half of pregnant women still use tobacco, over 10% report depression, high rates of infant mortality and c-sections while at the same time experiencing health disparities (low economic status, transportation barriers, low education),** it is worthwhile to enhance strategies to provide more wellness/preventive services to these population groups.

PRIORITIES: Our priority will be changed to give more focus on the well woman, instead of workforce capacity, which can be incorporated as a strategy or activity under this priority, and to align ESM and strategies in order to increase the percentage of women 18-44 who receive preventive medical visits through the health center program (FQHCs).

Perinatal/Infant Health

The average number of births annually in Palau has been 215 in the past five years. In 2022, there were 157 deliveries of which 155 were live births, the lowest recorded number of births in a decade. There were more male than female births except for 2018 and 2021 where more than half of the deliveries were female. Palau provides newborn hearing screening through its Universal Newborn Hearing Screening Program. In 2022, 100% of infants passed their newborn hearing screening. Other developmental screening is done manually.

Strengths

Through strong community partnerships with the “Breastfeeding Community Workgroup,” a designated area the health center where MCH services are offered, was established to provide education on counseling and safe sleep and this has been maintained for several years now. In 2022, about 89% of women rested their infants on their backs. 10% said they either placed them on their back or side. And about 2% said they put them on their stomach or chest. Furthermore, the Palau Non-Communicable Disease Prevention and Control included in their action plan under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating

with Palau MCH and other community partners. This collaborative effort will provide additional support for the program to raise public awareness of the benefits of breastfeeding and support the program in policies that support breastfeeding mothers. In 2022, more than 50% of infants were breastfed exclusively for up to three months. The program hopes to see an increase in breastfeeding

Needs

Palau has seen an increase in infant and fetal mortality rates in the past ten years. Although in 2022, there were no infant deaths reported, the five-year average remains high at 15.1 per 1,000 live births. For the combined years of 2018 to 2022, the Palau fetal deaths at 24 or more weeks gestation were 15.1 per 1,000 live births and fetal deaths.

The percentage of infants born at low birth weight (LBW) of <2,500 grams in 2022 is 9%. The average birth weight is 3,096 grams (6.83 lbs.). In 2022, Palau had 18 preterm births of <37 weeks gestation, representing 12% of live births. About 4% were less than 34 completed weeks gestation. Most preterm births are due to complications in pregnancy.

Additionally, only 41% of infants and children received a developmental screening using the parent completed screening tool (ASQ). Diagnoses capability is also limited in Palau and an audiologist, for example, has to be flown in to provide diagnoses to children who fail their hearing tests. At times, they have to wait up to a year.

PRIORITIES: Palau rewords its priority (to simplify) from “promote activities to improve the health of infants, children, and adolescents” to “improved birth outcomes/child health”. Due to poor birth outcomes, grantee feels that an improvement on the health of the mother as well as early intervention such as prenatal care will contribute to better birth outcomes, and incorporates such strategy under this domain. Developmental screening is also critical in this domain but will be placed under the child domain. Although there is strong support for breastfeeding within the health department, the percentage of women who breastfeed exclusively for 6 months doesn’t appear to increase. The program will incorporate an ESM that incorporates evaluation as part of the strategy to promote breastfeeding. Finally, since safe sleep doesn’t appear to be an outright issue at this time, grantee is taking it out but maintains it as part of the system of care.

Child Health

The school health program provides comprehensive health screening services annually to all schools in the Republic of Palau, including public and private schools. A team coordinated by the School Health Program consisting of doctors, nurses, hearing technicians, dentists, dental nurses, counselors, and health educators work together to promote the effective and integrated provision of targeted services for children and adolescents. Students in odd grades of 1st, 3rd, 5th, 7th, 9th, and 11th are screened for common health problems and psychosocial experiences.

Strengths

Twenty-two schools participated in the SY 2022-2023 school health screening. 47% (n=493) of students were between the ages of 5 to 10 years old.

Needs

Overall, 40% of the students screened between the ages of 5 to 10 years old were **overweight or obese** (≥ 85th %ile) and 28% were obese (≥ 95th %ile) in 2022. Furthermore, male students were more likely to be overweight and or obese than female students. High levels of overweight and obesity for both male and female indicate a need for collaborated efforts to **continue to improve diet and physical activities in the community and at schools.**

Twelve out of twenty schools have increased physical activity days to three. The program continues to advocate for an increase in the number of physical activity days to five days. **About 29% of children were physically inactive in 2022, more than 50% only participated in one day of physical activity.**

School health screening data also indicates that **dental caries continue to be a health issue** among children, and although a number or a **significant percent of children were indicated for needed dental services,** only 4% reported that they see a dentist on a regular basis. We need to strengthen **interventions through the school health program**, and/or ensure that **children obtain these preventive services in the dental clinics.**

Bullying and violence also continue to plague children in schools, with 57% reporting being made fun of due to the way they look, 30% reported being hit, kicked, or shoved around, and 11% reported being bullied some other way.

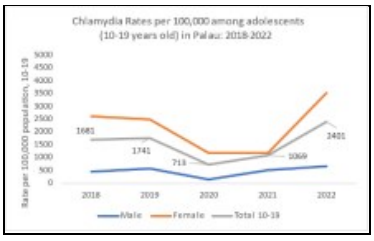
Priority: Most priorities for this domain remain the same including childhood immunization, mental health, obesity, and oral health. However, one of the priorities was re-labeled to "improved birth outcomes/infant health placed under appropriate domain. Palau maintains same strategies in order to move closer to objectives.

Adolescent Health

Strengths

One of the program's greatest strength is its School Health Program, which implements an annual school health screening to all the elementary and high schools in Palau, and as mentioned elsewhere in this document, screens only odd grades due to limited resources. The rationale is to screen this population every other year, with the intention of delivering needed interventions and re-screening them after two years. This platform is a great opportunity (and in some cases, the only opportunity) to encounter children and adolescents, assess their health, provide brief interventions, and make necessary referrals, therefore connecting them to much needed primary/preventive care, including medical, dental, and behavioral health. Adolescent well visits are provided through the annual school health screening. 53% of adolescents between the ages of 11 to 19 participated in the screening. In 2022, the program identified and referred 63% of the participating students for further assessment, counseling and treatment.

Collaborations and partnerships are also the program's strengths, and they also allow the program to provide guidance in strategies that promote the health of children and adolescents. And because of this, the Ministry of Education, over the years, have implemented more and effective strategies to increase physical activity and nutrition in the schools. Our non-federal partners (i.e., Coalition for a Tobacco Free Palau and SAFE Committee) advocate for us and in the past year alone, legislation was passed to implement the Seat Belt Safety Act and a ban on the sale and use of vapes or electronic cigarettes.



Needs

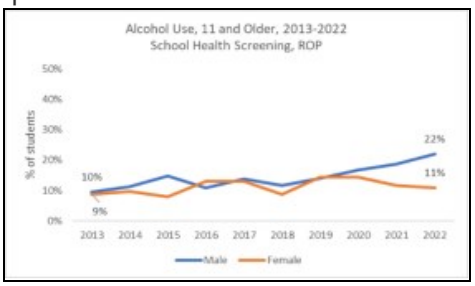
Sexual Behaviors and STIs

The prevalence of sexually transmitted infections is relatively high among adolescents in Palau. Data from Palau Communicable Disease Unit (CDU) from 2018 to 2022 showed a significant increase in chlamydia among adolescents aged 15-19 at 4,976 per 100,000 population in 2022. Furthermore, females had a higher infection rate at 7,283 per 100,000 compared to males in the same age group at 2,793 in 2022.

According to the 2022 school health screening results, about 7% of adolescents ages 10-19 indicated currently or ever been sexually active, with the mean age of first sexual intercourse at 11 years old. Additional risks include 1.3% reporting having multiple partners, 17% not using contraceptives, and 78% not using condoms during the last sexual intercourse. Males were more likely than females to initiate sexual intercourse. Although it is evident that

adolescents in Palau get exposed to sexual activities at a very young age, many have little understanding of sexual and reproductive health and contraception. In addition, Palau's complex social and cultural dynamics about sexual and reproductive health discourage discussing sex with families. Like many other Pacific Islands countries, cultural taboos around sex hinder the provision of sexual and reproductive health services. The 2022 family planning report shows that 14% of females and 0% of males ages 19 and under accessed family planning services. Many young female clients prefer using three months of hormonal injections vs. pills, 13% use condoms, and 0% choose abstinence as a form of contraception.

Teen pregnancy is still a significant problem in Palau. In 2022, the teen pregnancy rate in Palau was 15.8, higher than the current U.S. national average of 15.4 per 1,000 females ages 15-19. A review of birth records in the past ten years (2013-2022) indicated that, of the teen births, 16% had a cesarean delivery, 7% had late or no ANC, 19% had anemia, 18% had a low birth weight (<2,500 grams), and 11% had a preterm birth (Table 3). Furthermore, 4% had an inter-birth interval of less than one year, and about 9% tested positive for sexually transmitted infections during pregnancy. According to the 2022 Prenatal Risk Assessment Survey, 100% of teen pregnancies in Palau are unplanned.



Alcohol Use

Palau school health screening from 2013 to 2022 indicates increased alcohol consumption among adolescents ages 11 and older, from 10% to 22% among males and 9% to 11% among females. The average age of initiation was ten years old, with the youngest to try alcohol at 9. Many report consumption of beer as opposed to spirits. About 10% said they consumed over six cans of beer once in the past month.

There may be many factors that contribute to alcohol consumption, and we would be remiss to not consider the fear and stress of the pandemic as one of them. Other cultural factors may have also shaped Palau's more tolerant atmosphere to alcohol consumption, especially with males, as it is not uncommon to see drinking in most social and cultural events in the community, including after sports celebrations, first birth ceremonies, funeral preparations, and other events. Children and adolescents are constantly exposed to this type of behavior and it is inevitable that they follow the footsteps of the adults around them.

Similarly, a study (Durand, Cash, & Durand, 2022) to assess the effectiveness of regional initiatives to reduce the burden of non-communicable diseases in the nine US-affiliated Pacific Island Jurisdictions indicates a much higher rate of alcohol use among youths in Palau (37.4%) as compared to Guam (18.2%) and four other jurisdictions.

Tobacco Use

School Screening Data from 2013-2022 indicates a decreasing trend in tobacco use among adolescents ages 10-19, from 31% to 19% for males and 28% to 18% for females. Smoking a cigarette and chewing betelnut with tobacco also indicates a decreasing trend. The tobacco age of initiation was twelve years old, with the youngest to try at 4. Subsequently, the use of e-cigarettes and vapes increased drastically from 1% in 2019 to 11% in 2022. Over half of the respondents said they used an e-cigarette or vaping product daily.

Overweight/Obesity

Childhood obesity is a growing Public Health concern in Palau. Males are at a higher risk of obesity at 29% compared to females at 27%. There was a 42% increase in obesity in the last ten years among adolescents 11 years and older. In addition, participation in sedentary activities (watching tv, on social media, etc.) both in and out of school has increased from 43% in 2018 to 67% in 2022. Despite modifications to the public-school lunch program, the percentage of students who eat healthy meals hasn't changed over time. Furthermore, participation in physical activity indicates a more than 200% increase from 2018 to 2022. There is a need for intervention programs that

target social norms and beliefs, and strong policies that protect children from unhealthy food marketing as well as overall health among young people in Palau.

Self-Harm

Self-harming behavior in the 11 and older age group is an alarming public health concern in Palau. The increase was observed from late 2019 to 2022 for both male and female adolescents. However, self-harming behaviors were more common among female students and may be related to higher rates of depression. Cutting is the most common form of self-injury among females, mainly on the wrist or thighs. The school health screening program provides brief intervention consisting of education regarding risk and problem-solving for young persons before a referral to a psychiatrist.

Immunization

Although Palau serves as a role model for high immunization coverage in the Pacific, we continue to face challenges in low coverage of the HPV vaccine. In 2022, the HPV coverage was 46% for the eligible population (WEBIZ).

Priority: Priorities for this population group will include sexual and reproductive health, substance use disorder particularly on alcohol, obesity, mental health, and immunization. Strategies will include school-based interventions on alcohol and drug use, HIV, STI, pregnancy reduction intervention, efforts to increase HPV vaccine demand targeting parents, increase of physical activity among youth through partnerships with youth organizations to implement community wide campaigns, and to continue to provide mental health support to adolescents in schools as well as provide linkage back to primary/preventive services.

Children with Special Health Care Needs

The 2020 survey for children with special health care needs identified about 4% of Palau's children and adolescent population require special health care needs. During the legislative compliance review for disability, some identified challenges were a lack of family and social support, transition services and programs, community-based rehabilitation services for the outlying states, and better coordination amongst NGOs, government agencies, development partners, and stakeholders.

The survey for children with special health care needs (SLAIT-LIKE Survey) surveyed 228 parents, guardians, and caregivers of children and adolescents ages 0-18 with special health care needs.

Strength

The program works with interagency partners to strengthen collaborations and refine the referral process for children diagnosed with conditions. The program will continue to work with the state ECCS team to provide awareness of services and the medical home concept. Training is provided on case management, follow-up, and early intervention services. Work with other community NGOs such as Palau Parent Empowered and Omekesang in developing health education materials that are culturally appropriate for Palau's CSHCN and families. Furthermore, additional trainings on case management and care coordination for CSHCN for parents and service providers are also provided.

Additionally, the Palau UNHSI program recently established an Advisory Board to support the development of statewide programs and systems of care by increasing the knowledge of pediatric care professionals, family members of deaf or hard-of-hearing children, and other relevant agencies in providing recommendations to improve care coordination, information sharing to contribute to the improvement of the program.

Moreover, the Division of Human Services under the Bureau of Public Health coordinates efforts in addressing the welfare of the community, including CSHCN, with a vision for the vulnerable population "life with dignity," supporting two goals: To ensure the basic needs of all residents is met, and to reduce vulnerability by preserving and strengthening safety nets. Furthermore, the Palau National Disability Policy provides the framework for addressing disability issues in Palau by promoting more equality and inclusiveness and promoting greater independence for awareness of the needs and rights of persons with disabilities. This division oversees the equal distribution of the disability funds appropriated annually by congress to families of children with special health care needs. The additional funding assistance helps support families with the basic needs of the child as well as medications.

Needs

One out of five children with special health care needs in Palau have ongoing physical/medical conditions lasting more than 12 months. Approximately 46% are reported with moderate to severe conditions, and about 54% have needs that usually remain the same. About 42% live in families with less than $10,000 annual household income, and 30% spend more than $100 on monthly medical care. Additionally, 78% of parents of children with special health care needs utilize their medical savings account to cover for prescription cost. In 2020, 15% of families of CSHCN said they did not have enough money to pay for care.

Access to care remains a challenge with limited specialty services on the island. The program works with the medical referral office to prioritize required specialty services for CSHCN when a request is made through Tripler Medical Center and Shriners Hospital in Hawaii.

The Palau MCH program is yet to conduct a state-wide survey this year to identify/update the needs of children and youths with special health care needs, which will ultimately provide critical information that will guide the program in providing services to the CSHCN and their families.

Priority: The priority remains to improve systems of care for children with special health care needs. The program will continue improving care coordination services for children and their families and will work with providers to establish and enhance medical home programs. Training and workshops are also necessary to increase the knowledge and understanding of educators, parents or caretakers, special education services, family health unit, and the community of the transition services requirements for CSHCN. In addition, improving transition services by building school capacity to address the needs of the CSNCN population. Furthermore, the program will work with others to mobilize resources outside of Palau to provide diagnosis and interventions to this population, and to develop a telehealth program that supports much needed services not available in Palau.

Capacity, systems of care and partnerships

Palau has taken steps to address issues of care, especially in light of the delayed and pronounced health needs of the community due to the pandemic and our local capacity for primary, secondary and tertiary care. We are a geographically isolated island where the closed places to where residents can access **four-year post-secondary education, advanced secondary and tertiary medical care, and other opportunities (well-paying jobs) are about 500 to 2000 miles away** (Guam, Taiwan, Philippines, Hawaii). And even within the island, travel is challenging considering the price of fuel is over $5.00/gallon and over half of the population makes less than 10k/year.

Primary and preventive health services must be the priority for Palau, as it is the least expensive and achievable for us. A notable change in the past year has been the passage of a legislation to separate the Belau National Hospital from the Public Health department, to allow more investment of resources where is it much needed, in disease prevention and health promotion. This was especially pronounced during the pandemic and in early 2022 when

Palau experienced its first and highest surge of COVID-19, all resources were redirected to the response. Lessons learned from the response include the leveraging of resources to ensure successful achievement of objectives. The MCH program currently funds an overall MCH coordinator, a school health/adolescent health coordinator, a counselor, an administrative specialist, and a pediatrician. However, partnerships with other programs and departments who share similar cross cutting objectives allows for leadership support, providers (physicians, nurses, dentists, dental assistance, lab and radiology technicians, pharmacy) to ensure delivery of services, and integration of much needed services and resources (family planning, newborn hearing screening, cancer screening, HIV/STI screening, GYN).

Local and external partners also lend expertise and resources to advance maternal and child health including children and youth with special healthcare needs. Health coalitions and advisories in areas of tobacco, alcohol, nutrition, physical activity, mental health, people living with disabilities, education, early childhood, and many more, advocate as well as contribute to the planning and implementation of programmatic goals and activities. AS mentioned elsewhere in the document, our partners were responsible for the passage of the seat belt law and vape ban. The schools have been instrumental in implementing policies to increase physical activity and healthy eating in the schools.

At this time, the Family Health Unit (FHU) doesn't have a program manager, but the Chief of the Division fulfills this role, while training an identified staff member to take on the role in the next 6-8 months. The Division epidemiologist/evaluator also supports the entire program in its data and surveillance activities, and facilitates training for staff to take on the roles of data management specialists. Three additional staff within the FHU have been identified to obtain the Data for Decision Making program facilitated by the Pacific Islands Health Officers Association (PIHOA) and will add on to the resources to move our objectives forward. During the pandemic, Ministry of Health and Human Services was able to recruit additional staff to not only respond to COVID, but to also meet the pent up demands due to delayed and suspended services. Because of this and Palau's priority in the MCH populations, there was less than 10% decrease in the number of patients accessing MCH services. Plans were implemented to ensure that our MCH clinics were protected (through rigorous screening) so that our clients were reassured that they were somewhat protected when they came in for their appointments.

Finally, Palau learned the value of telehealth and its potential in not only allowing for workforce education and training, but for provider – provider consultations and delivery of much needed services to patients in remote areas, or who cannot come into the clinics for other reasons. At this time, the Ministry of Health is working with regional partners to establish a formal telehealth program in Palau.

Click on the links below to view the previous years' needs assessment narrative content:

2023 Application/2021 Annual Report – Needs Assessment Update

2022 Application/2020 Annual Report – Needs Assessment Update

2021 Application/2019 Annual Report – Needs Assessment Summary

III.D. Financial Narrative

	2020		2021	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$146,000	$147,073	$147,000	$148,196
State Funds	$120,000	$120,000	$120,000	$120,000
Local Funds	$0	$0	$0	$0
Other Funds	$0	$0	$0	$0
Program Funds	$0	$0	$0	$0
SubTotal	$266,000	$267,073	$267,000	$268,196
Other Federal Funds	$450,000	$316,186	$435,000	$435,000
Total	$716,000	$583,259	$702,000	$703,196

	2022		2023	
	Budgeted	Expended	Budgeted	Expended
Federal Allocation	$147,000	$144,482	$149,716	
State Funds	$120,000	$185,124	$120,000	
Local Funds	$0	$0	$0	
Other Funds	$0	$0	$0	
Program Funds	$0	$0	$0	
SubTotal	$267,000	$329,606	$269,716	
Other Federal Funds	$435,000	$459,212	$435,000	
Total	$702,000	$788,818	$704,716	

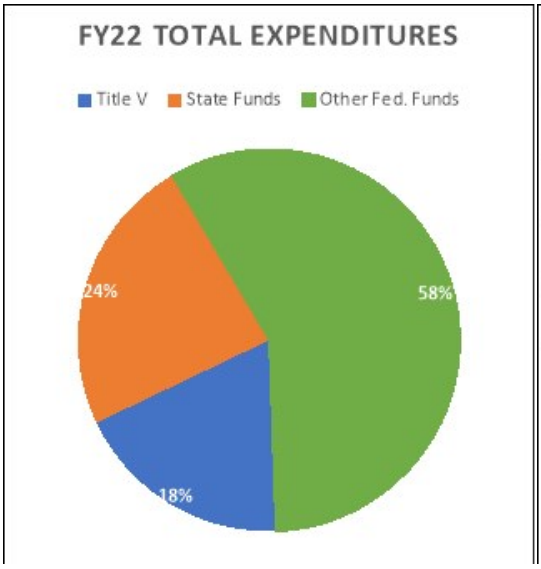
	2024	
	Budgeted	Expended
Federal Allocation	$150,340	
State Funds	$185,124	
Local Funds	$0	
Other Funds	$0	
Program Funds	$0	
SubTotal	$335,464	
Other Federal Funds	$535,000	
Total	$870,464	

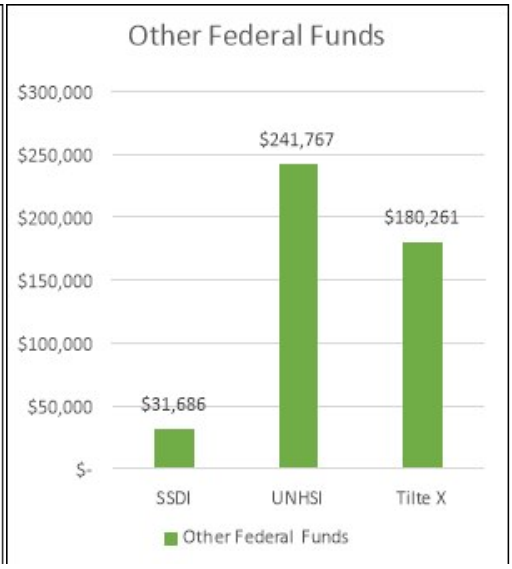
III.D.1. Expenditures

Overview

The Family Health Unit (FHU) works to improve the health of families in Palau "through the provision of quality and comprehensive public health and medical services." Among the grants that FHU manages, the Title V Maternal and Child Health (MCH) block grant contributes essential efforts into reaching this mission. Palau's MCH Program works to achieve such all-encompassing work through internal partnerships within the Ministry of Health and Human Services (MHHS) and external partnerships with other government and community-based organizations.

For Fiscal Year 2022 (FY22), MCH services has a combined value of $783,320 – this number is inclusive of Federal (Title V, $144,482), State (185,124), and Other Federal Funds ($453,714). FHU has managed to spend 96% of Title V MCH Funds as of June 2023; the remaining balance of $5,858 is allocated for the team's traveling expenses to attend the Title V MCH Block Grant Review taking place in Hawaii. The team is confident Title V Funds will be expended by the end of the project period.





Title V Federal Funding

Title V Funds, broken down based on HRSA's budget categories, consist of the following:

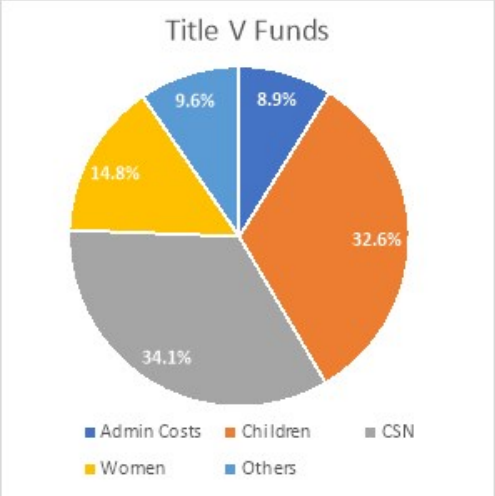
- Personnel - 37%
- Travel - 26%
- Others - 21%
- Supplies - 9%
- Fringe - 5%
- Indirect - - 2%

Majority of the Title V Funding provide salaries for FHU employees including two coordinators (MCH and Adolescent Health), a counselor, and 20% of the only Palauan pediatrician on-island – all very vital positions in protecting MCH health. In terms of workforce, many of the FHU staff perform additional duties and tasks (sometimes outside of their position description) to maintain the all-encompassing work necessary for MCH. For instance, some are managing admin work with data capacity, budget handling, and/or hearing screening. The

Newborn Hearing Screening Coordinator is also the only person in Palau certified to administer Family Planning implants, is also MCH's case manager for families with special needs and conducts home visitations. There is a great need to increase workforce capacity with limited funding. To help reduce this challenge, FHU seeks to form new and strengthen existing partnerships internally and externally.

Legislative Requirements

The Palau MCH team continues its work to ensure that the program is compliant with the grant's financial legislative requirement. Ms. Lauver's TA also covered this aspect of the grant and we were fortunate to have members of the Ministry of Finance (MOF) attend, strengthening communication and understanding between the two parties. Palau has spent 32.6% for Primary and Preventive Care for Children, 34.08% for Children with Special Health Care Needs (CSHCN), and 8.9% on Administrative Costs as of June of 2023; Palau Title V Program is compliant with the 30-30-10 legislative requirement.



Type of Services

Through Ms. Lauver's TA, we were able to correct our reporting on the types of services provided by the MCH program. For FY22, FHU reports that the Title V Fund provided $0 for Direct Services, $56,215 for Enabling Services and $88,267 for Public Health Services and Systems. Careful discussion with Ms. Lauver allowed us to correctly identify funds and determine that Palau does not provide any direct services from the Title V grant.

Type of Individuals Served

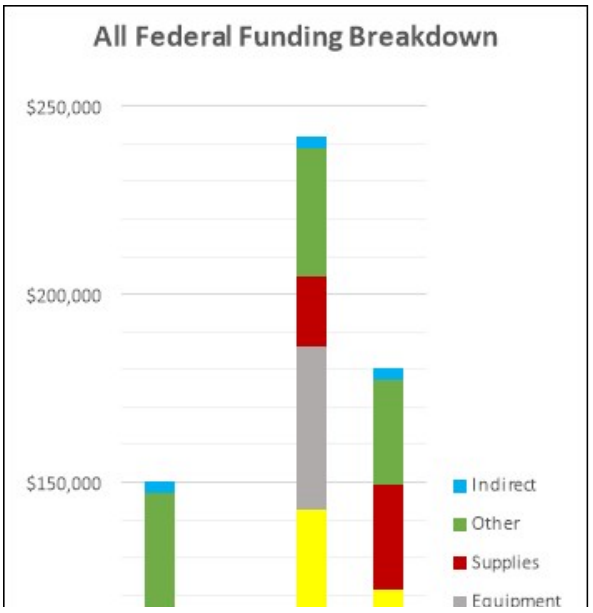
Of the $144,482 Title V dollars that have been expended as of June 2023, 91.1% were spent on services devoted to five different groups of individuals: Pregnant women, Infants under the age of 1 year old, Children aged 1 to 21 years old, Children with Special Health Care Needs (CSHCN) and others. With receiving technical assistance earlier in 2023, FHU acknowledges that assessment and corrections in finance is required to improve reflections towards data and in reporting.

State Funding

Early in 2023, Palau received technical assistance (TA) from HRSA consulted by Cassie Lauver in finances. The FHU team expresses immense gratitude to Ms. Lauver's assistance; her help has provided guidance in our team's ability to better understand and identify, manage and report finances – especially regarding State/matching funds. Compared to previous years, our state match funds has remained at a constant amount of $120,000, overlooking various resources that have and continue to support MCH priorities. The Palau MCH team, although continuing to work on gathering accurate information for this issue, is pleased to report that State funds for FY22 are currently at $185,124. Much of this increase are mainly the salaries of the nurses and patient care assistants who are the health providers at the Central Community Health Center I (CCHC I) administering the all the FHU clinics. FHU is tightly connected to the Community Health Center (CHC), thus, MCH services are extended throughout the other health centers on island and the OB ward within the hospital. The program will continue to quantify the in-kind resources available at those settings that did not make it to this annual report, for future submissions.

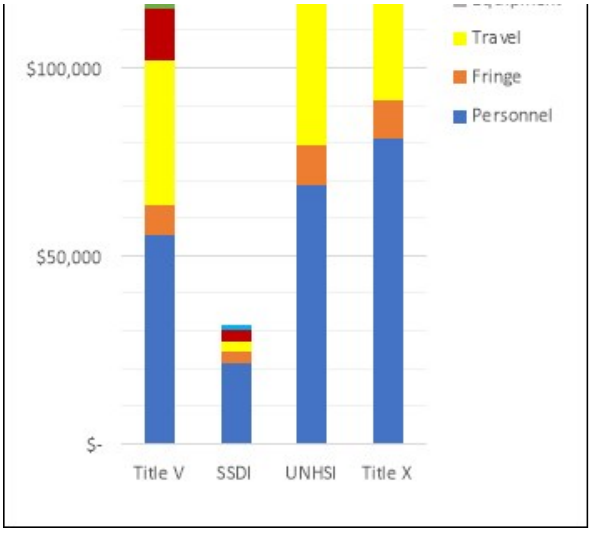
Other Federal Funding

Along with Title V MCH Block Grant, FHU manages three other federal funding as seen on the bar graph figure: these include the State Systems Development Initiative (SSDI), Universal Newborn Hearing Screening and Intervention (UNHSI) and lastly, Title X Family Planning. These funding also provide largely to the program's personnel, equipment, supplies and travel ensuring the continued work to have the clinics running and efforts in improving the quality of services. The bar graph seen here is a breakdown of all the federal grants side by side, based on budget categories. Personnel continues to be the largest expense across all four grants. UNHSI was the only grant used to purchase equipment for FY22. Travel is secondary in expenditures as the increase/improvement of workforce capacity is a priority need for MCH, and all of FHU.



III.D.2. Budget

Overview



Title V funds complements non-federal monies where the state funds experience shortfalls. These areas include funding of personnel that are not included under the state financing scheme. The program works with the state to enable preventive services for all pregnant women, well baby clinic and overall well-women care. It also provides preventive screening services for men so that they can be an active participant in the overall well-being of the maternal and child health population.

Title V funds and complementary funds are appropriated to areas such as home visitation, clinic monitoring for quality assurance and improvement, personnel costs for additional services such as newborn screening, pregnancy monitoring and general education and outreach efforts. These generally enable activities to take place with qualified personnel that have been trained and certified to provide the services that MCH is tasked with. It also enables the home visitations to occur for children with special needs, at risk and/or high-risk pregnant women. Services for well-women care (including pre/postnatal care) and infants under the age of 1, are provided by providers, counselors and program staff, including partner organizations that have a vested interest in the overall success of the program. In areas where permanent staffing is not available to fill the need, the program steps in to provide the necessary support. The program complements the state funds in the services of a pediatrician, a counselor and coordinators that ensure delivery of services. While private clinics provide some services for pre/postnatal care, the MCH program provides the bulk of these services, including immunization services for children 0-5 years old.

Title V dollars enables the program to deliver services such as those mentioned above, develop and promote intervention efforts in response to changing needs as well as equip the workforce with needed trainings and meetings to address emerging issues such future pandemics.

Assurance of Title V Legislative Requirement

Palau's MCH program has updated its financial tracking process and developed tracking sheets to better keep track of expenses, which will be reported to the Coordinator by the FHU Budget Officer on a monthly basis. This will allow the team's assurance to trail and monitor expenditures to remain in compliance with Title V's 30-30-10 legislative requirement. Because a large part of the funding is allocated to personnel, budget officer will be requested to submit payroll reports on a monthly basis as well to provide more accurate tracking.

Reflecting lessons learned from the previous technical assistance from HRSA MCHB on finance reporting

Other Supportive Funding

State Match Funding

Enhanced knowledge and efforts in collecting the accurate value of health services that serve the maternal and child health population has shown an increase in FY22 compared to previous years. Palau MCH Funds have always been in compliance with Title V's match requirement (a $3 match in non-federal funds for every $4 of federal MCH Block Grant funds), yet our submissions have been underreporting the actual value. This fiscal year, the $185,124 state-matching funds reported are not completely comprehensive of the actual value of services that the state is providing to women and children nationwide. This number is expected to be higher in the next reporting period as FHU continues to gather the extensive amount.

Other Federal Funding

As for other federal funds that support MCH purposes of FHU for Fiscal Year 2024 (FY24), they are as listed below:

1. Universal Newborn Hearing Screening Intervention (UNSHI)
    - Anticipated funding - - $200,000
    - Continues to support hearing screening services, contracts with specialists to provide diagnoses, access to healthcare, workforce capacity and home visitations with Children with Special Needs and their families
2. State Systems Development Initiative
    - Anticipated funding - - $100,000
    - Increased from $50,000 on previous year
    - Continues to support data workforce development and improvements in data collection and reporting. Focus for 2024 will be on digitizing surveillances and provide training/refresher courses to providers in the clinic to administer them accurately
3. Title X Family Planning
    - Anticipated funding - - $235,000
    - Continues to support contraceptive assistance, fertility services, education and counseling on family planning and birth spacing. Will shift focus on reaching adolescent population on education for reproductive and sexual health.

III.E. Five-Year State Action Plan

III.E.1. Five-Year State Action Plan Table

State: Palau

Please click the links below to download a PDF of the Entry View or Legal Size Paper View of the State Action Plan Table.

State Action Plan Table - Entry View

State Action Plan Table - Legal Size Paper View

III.E.2. State Action Plan Narrative Overview

III.E.2.a. State Title V Program Purpose and Design

> Palau families are healthy and leading quality lives, allowing them to be productive members in their families, their communities and their nation.

The Palau Title V program is the only system within the Division of Primary and Preventive Health (DPPH) that covers the entire health spectrum of women, infants, children, including children with special health needs, and their families. Because Title V is administered by Family Health Unit (FHU), male health is inclusive to the program as well. Men are contributing factors to the health of women and children – improving the health of this group will impact MCH overall positively. Our mission to improve families' health through quality and comprehensive services compels us to look beyond just the mother and child, and to improve those supporting factors as well. This purpose is the key to FHU's vision of Palau families are healthy and leading quality lives, allowing them to be productive members in their families, their communities and their nation. The goals that guide all of FHU's efforts are as follows:

1. Provide national leadership for family health
2. Promote an environment that supports family health
3. Eliminate health barriers and disparities
4. Improve the health infrastructure and systems of care
5. Assure quality of care

A large aspect of the program has to do with partnerships with other public health departments as well as community organizations and other governmental bodies. It is through these collaborations that the Title V program works to assure a holistic and all-inclusive approach to service delivery. The program works with stakeholders in identifying risks and challenges and convening potential solutions through review meetings, surveillance feedback and community input. Strategies are meant to first and foremost have a preventive approach as well as intervention of existing diseases. Case management and coordination is crucial in this work, which is why acquiring and continued training of capable personnel is of high priority to help this program support the collaborated systems of services in protecting and emphasizing the value of family health. The Palau MCH program collects and analyze data that are obtained through the epidemiology unit under the direction of the Director of Primary and Preventive Health. In addition to collecting data, Palau MCH Program will disseminate the information to program, agency, and community partners for their comments and feedback. Under the Family Health Unit, a team of public health educators and screeners work together to conduct community visits and provide education, awareness and basic health screenings.

III.E.2.b. State MCH Capacity to Advance Effective Public Health Systems

III.E.2.b.i. MCH Workforce Development

In Fiscal Year 2022 (FY22), Family Health Unit (FHU) welcomed an addition to the MCH workforce, bringing the total number of employees funded by the Title V grant to four. They are listed below with their role as follows:

Title V-Funded Positions:

1. *Project Coordinator* – Summer Rros Saunders
   - FTE – 1.00
   - This person is responsible for overseeing the activities and managing the MCH Program. In addition, this person will provide oversight of all surveillance efforts that the MCH program relies on to provide timely decisions and actions for continued improvement of the health of the MCH population, including reporting that is required from our funding agency.
2. *Adolescent Health Coordinator* **–** Deskim Tutii
   - FTE – 1.00
   - This person is responsible for planning, implementing, coordinating and evaluating programs or care provided to the adolescent population. Provides social intervention and care coordination for children/adolescents and their families who are having social/emotional issues that intervene on the comprehensive well-being of the individual.
3. *Pediatrician* **–** Yuriko Bechesrrak
   - FTE – 0.20
   - This person responsibilities include monitoring and documenting the health and development of children and adolescents, diagnosing and treating common ailments and minor injuries, and administering vaccines.

New Title V-Funded Positions Onboard in the Past Year:

1. *Counselor* – Amanda Shiro
   - FTE – 1.00
   - Responsibilities include helping children and adolescents develop healthy managing and coping skills experiencing a range of emotional and/or psychological problems to help bring about effective change and enhance their wellbeing. This person also evaluates and refers individuals at risk to necessary services.

FHU Workforce members that are not being paid under Title V:

1. *Chief, Division of Primary and Preventive Health* – Edolem Ikerdeu
   - Funding: 50% CHC/50% local
   - This person is responsible for managing the overall operations, finances and facilities of the Center in accordance with all Board approved policies, plans, decisions and directives. This person oversees matters relating to the Community Health Center's grant especially budget and fiscal management, personnel management, quality assurance management, management of all dispensaries, and preparation of grant application and progress reports.
   - She serves MCH as being the Project Director; responsibilities include supervision of the management of services, data collection, and review of report submissions.
2. *Program Manager* – Irish Tutii
   - Funding Grant: NCD
   - This person contributes to the MCH program by providing supervision and guidance with the grant management. She also participates in outreach programs, attends in committee meetings and offers advice to coordinator in planning events and strategies
3. *Administrative Specialist I* – Mlamei Ima Salii
   - Funding Grant: UNHSI
   - This person is responsible for managing and keeping track of MCH funds, in addition to the other grants under FHU. Her work also includes processing requisition orders for all purchases of all medical supplies, equipment, office and pharmaceuticals for all FHU programs and overall Family Health Clinics.
   - This person has also been tasked to assist Community Health Center (CHC) with their finances as well.
4. *Epidemiologist/Evaluator* – Mindy Sugiyama
   - Funding Grant: PHE
   - This person is responsible for gathering and analyzing data for the MCH grant, as well as several other programs. She serves as advisor to the program identifying priority needs and suggesting relevant

strategies to address them.

5. *Newborn Screening Coordinator* – Clarissa Rdang
    - Funding Grant: UNHSI
    - This person is responsible for planning and implementing programs to strengthen the Newborn/Genetic Screening Program, maintenance of program monitoring and evaluation data, administrative supervision of program staff
    - She also serves as our CSCHN advisor and attends related meetings on behalf of FHU; she also conducts home visits to the population, along with at-risk pregnant women
    - She is currently also the only person certified in Palau to administer insertion of the implant contraceptives under the Family Planning program

In addition to these lead MCH-related program staff are administrative assistants, hearing technicians and patient care educator/trainers. Program and clinic staff wear multiple hats which, occasionally as a result, coordination for successful service delivery is affected. FHU collaborates with Behavioral Health Department for counselor(s) to help with school health program and provide counseling services during outreach and at appropriate clinics. Program also relies on the clinic supervisor to ensure that all service providers are equipped with the right tools and information to support their effort.

FHU collaborates with a key partner in delivering breastfeeding and nutritional education and counseling during clinics, which are year-round services. This partner is a non-governmental organization, Kotel A Deurreng, who volunteers their time at the clinics. Ms. Philomena Temengil in

Through program evaluation, the program has identified several needs to take in order to enhance work capacity and efficiency in service delivery:

- Make adjustments to the Unit's organizational chart to reflect current workforce needs to ensure smooth process of employee recruitment
- Recruit employee(s) dedicated to case management, efforts to have pregnant women come to their prenatal check-ups could be improved as well as relieving some of the workload on the existing program staff, especially with the lack of an electronic medical records system.
- Recruit administrative officer(s) to focus on administrative work. The existing administrative workers have been assisting with data collection, surveillance administering and hearing screening. They will eventually transition to those respective roles while the program recruits for admin support.
- Recruit additional hearing screening technician. With one hearing screening tech, who performs in the clinics, the OB Ward and school screening, hearing screening services are impacted.

Training

Training and career development is always encouraged in the program. A sizeable amount of the current FHU workforce members is also new to the program, thus training, technical assistance and refresher courses are prioritized within the current and future project periods. Most staff have obtained and will continue to obtain training through participation in such opportunities supported by federal funds and those hosted by partners as well. Another option the program looks into are webinars and virtual learning opportunities made available through MHHS' federal partners such as HRSA, CDC, OPA, WHO and UNICEF.

III.E.2.b.ii. Family Partnership

Family partnerships are essential to the success of the MCH program for insights and issues raised that are not reiterated to the program directly. Family partnership participation is recruited through a variety of methods, including those who use the services, pediatricians, schools, workshops, health fairs, word of mouth, non-profit organizations and committees. Several parents of special needs children are members of the Inter agency initiatives. MCH also partners with the Palau Parents Empowered (PPE), a non-profit organization that supports parents of children with disabilities. Information and education are being developed for families of CYSHCN to empower them to provide input on policies and program activities and to assist in disseminating program information to families in their network. It is through this partnership that the program develops and strengthens the interagency committee so that services and care coordination can be fully utilized by those that need it. The program also partners with Kotel A Deureng for continued growth of the breastfeeding initiative in the clinics, private sectors, policy development and outreaches. The Title V program works with OMUB (community advisory council for cancer in Palau) to promote cancer prevention efforts through education and behavioral change strategies.

The Title V program is a member of various organizations that promote family centered services, community based and coordinated care for all of our clients. These are essential 'family health' partnerships that have been developed through the years.

1. **Family Planning, Information & Education Committee**. This committee advises the family planning program on appropriate information and education materials for the various ethnic backgrounds on the island. This group also discusses key issues that are happening/impacting users and potential users right now. Topics range from teen pregnancy, contraception, religion, finances and culture to name a few. This committee assists plays an important role to the program office as they provide an entry point into their community and peers.
2. **Adolescent Health Program & School Principals**: Each year this team meets to discuss issues and ideas on how to equip teachers with the necessary tools to enable our children to be more active and lead healthier lives.
3. **Health Advisory Committee**. This committee discusses health and safety in the head start centers. The program participates in parent trainings, stakeholder meetings and also participation of inspections before school starts to ensure they follow guidelines. Parent trainings are provided based on the head start needs assessment that is completed every year as well as specific requests made by individual schools.
4. **Nutrition Committee**: This committee adopted breastfeeding as one of its goals to further promote the effectiveness and benefits of breastfeeding, especially exclusive breastfeeding through six months. This committee as part of the NCD Mechanism provides education and community awareness on the benefits of breastfeeding.
5. **Head Start Policy Council**– to ensure that all centers follow policies that cover hiring, personnel receive appropriate training and centers follow safety protocols for all children that are enrolled in the centers.
6. **CSN Committee**, review CSN cases (home visits, transportation services) – this committee meet to discuss current children with special health care needs that have been identified by a Pediatrician or Psychiatrist. Every month, clinical providers, head start, special education, partner family NGO meet to discuss progress of children and update on specialty clinics that will be available.
7. **UNHSI Advisory Committee** – strategic and program planning. This committee advises the program on how to improve service coordination for children that have been identified with a hearing loss or is suspected of a hearing loss.
8. **Health Promotion and Outreach Team** – program outreach and awareness. This is a team that comprises of clinicians, educators and program staff from programs under the division of primary and preventive health. These programs include immunization, NCD, CDU as well as the health centers to enable access to care to those that would normally not be able to travel to the clinics to access services.
9. **Health & PE Planning Committee** – this committee works with the Ministry of Education in upskilling the current

workforce (teachers/curriculum development personnel) in the areas of health and physical education. It also provides an annual venue for all schools to convene and share/discuss good practices that have been implemented and delve further on how to improve on current ones.

0. **Division of Primary & Preventive Health Conference Committee** – this conference brings all the programs under the division to look at how we can improve on services that are offered back to the community. Each program share their goals, report on accomplishments and provide continuing education opportunities for clinical and non-clinical staff.
1. **Public Health Convention Committee** – this conference brings all the programs under the Bureau of Public Health to report out to the community. Through this forum we gather feedback from the community on we can best serve them through the provision of our current services and how to improve/bring in new services. Each program share their goals, report on accomplishments.
2. **Health Care Coalition** – this is a coalition of various agencies that assist the National Emergency Management Office and Public Health Emergency Health in response to disasters and emergencies. The Unit is a partner in this coalition in ensuring that the MCH population, including children and youth with special health care needs, are protected in times of emergencies.
3. **Seat belts Are For Everyone (SAFE) Committee** – this is a multilateral partnership of government agencies and civil society organizations focused on educating the community, especially children, the benefits of proper road safety and restraint measures as well as the requirements of the new seatbelt law and the importance of wearing a seatbelt.

Palau does not have and is not eligible for Medicaid and SCHIP. Family/Consumer Partnerships

III.E.2.b.iii. MCH Data Capacity

III.E.2.b.iii.a. MCH Epidemiology Workforce

The Palau MCH program is supported by the Division of Primary and Preventive Health Epidemiologist/Evaluator. She provides epidemiologic and scientific planning and oversight. The program has identified in house staff that will be shadowing the DPPH Epi in smaller data management schemes to help alleviate and expand MCH data capacity. As noted in our MCH Data Capacity Efforts, the MCH program relies on many data sources to complete and respond to program mandates, and it acknowledges that at this time, efforts to increase epidemiology staff within the Bureau of Public Health or the Ministry of Health is unknown. The program will continue to identify and develop new data sources, improve data quality, effectively measure health outcomes, and develop performance metrics to guide the program and policies. Equally, the program will continue to communicate findings in a participatory manner to MCH programs and partner organizations.

The DPPH Epi has gone through trainings, certifications and workshops that have been made available by HRSA, CSTE, MCH Epi Training, and PIHOA and is producing reports for program reporting to HRSA, reporting to stakeholders and reporting for the Director of the Bureau of Public Health's reports to our policy makers. A coordinated data-to-action approach provides information to educate policy makers, and support the state's goal of improving the health of women, children, adolescents, and children with special health care needs.

SSDI Roles in Supporting Title V Program

The Palau State Systems Development Initiative (SSDI) program develops, enhances, and expands Palau's Title V Maternal and Child Health (MCH) data capacity for the Title V Needs Assessment and performance measure reporting in the Title V MCH Block Grant program. The program facilitates informed decision-making including assessment, planning, implementation, and evaluation; advances the development and utilization of linked information systems between key MCH datasets in the state; and supports program evaluation activities that contribute to building the evidence base for the MCH program and resource allocation that support effective, efficient and quality programming for women, infants, children and youth, including children and youth with special health care needs.

Data Sources

MCH Birth Registry

Palau Maternal and Child Health program utilizes its own birth registry to record all birth events. Vital records often take years to complete and therefore the program had to develop its own database to capture birth events. Data are often reported as interim data until verified and finalized with the medical records. MCH birth registry data dates back to 2007 for each birth event and contains birth outcomes for both baby and the mother to include mothers' tobacco use, BMI, and breastfeeding.

PPRASS

PPRASS or Palau Pregnancy Risk Assessment Surveillance was modeled after the U.S. PRAMS but tailored to include questionnaires relevant to Palau and its population. Data are collected annually from mothers who delivered a live birth dating back to 2003. Data contains information on maternal behaviors and experiences that may influence pregnancy outcomes.

Prenatal and Postnatal Psychosocial Needs Assessment Survey

Prenatal Psychosocial Needs Assessment Survey inquires about maternal psychosocial health that may be associated with unfavorable postpartum outcomes. Concerning issues identified during the survey are often followed-up or referred if additional support or services are needed. Data on maternal factors: reason for not starting prenatal care sooner, depression, emotional problems; family factors: social support, stressful events, relationships; Substance use: Alcohol, tobacco use to include chewing betel nut with tobacco and other drug use; family violence, financial support and transportation, etc. are collected for analysis and program use. Postnatal Psychosocial Needs Assessment Survey contains similar questionnaires but also inquire about post pregnancy psychosocial health.

School Health Screening

School health screening if often conducted annually for students in odd grades of 1st, 3rd, 5th, 7th, 9th and 11th grades in all public and private schools in Palau. The in-school screening identifies children with common health problems and psycho-social experiences and refer those with problems to appropriate agencies and determine the health and psychosocial status of students as bases for monitoring and designing early health and health-related interventions. Screening covers children and adolescent health needing counseling or medical treatment, health and social problems to include bullying and injury, BMI, hypertension, depression and suicide, teen pregnancy, STI and substance use and abuse, etc. The screening also enables public health specifically the Family Health Unit to design programs and monitor progress.

EHDI Surveillance System

EHDI surveillance system captures important data on newborn hearing screening to include metabolic screening for infants. Screening complies with the JCIH 1-3-6 timeline recommendations. Infants identified with possible hearing loss are monitored and referred for further assessment, treatment and diagnosis.

CSHCN Survey

The CSHCN Survey is conducted every two years to provide estimates of the health needs and issues of children and youth with special health care needs. The survey was modeled after the US State and Local Area Integrated Telephone Survey "SLAITS" draft 5. It was first conducted in 2008 and again in 2011. Recent survey was conducted in 2020. The survey covers health and functional status, access to care: utilization of unmet needs, care coordination, satisfaction with care, and impact on the family, availability and accessibility of community support systems. To keep the survey operations manageable, cost-effective, and timely, the family health unit uses the list of currently identified

children with special health care needs as the sampling population. Data was collected by staff from the Family Health Unit and was conducted in a face-to-face interview format.

ASQ

Implementation and training of the ASQ or ages and stages questionnaires was conducted in 2016 for local pediatricians and health care providers to detect developmental delays in children 0-5 years old. The tool will assist health care professionals gauge developmental progress and refer them to early childhood servicing agencies. Data are currently being collected by the program for analysis and for the identification of future needs assessment of children ages 0-5 years old.

Data Capacity

Furthermore, SSDI funds are used to support culturally appropriate training specifically designed to increase awareness, knowledge, and skills of front-line data collection staff. Two of existing FHU staff have decided to transition from admin work and into data capacity, and begin training for such changeover. Workshops are conducted annually where the program presents data and report on various MCH issues to give attendees a better understanding of issues related to Palau's MCH population. The workshops also provide the opportunity for MCH staff and collaborative programs to provide feedback on how services could be improved. Moreover, Palau actively seeks training to develop capacity in the areas of tobacco use prevention, childbirth educator, physical activity promotion, obesity reduction, and prevention by supporting trainings, conference attendance, and workshops that provide continued education for nurses and health education coordinators. Plans have been put in place to review and enhance existing surveillance tools to ensure that the program improves its ability to monitor the health needs and status of the MCH population, and identify areas for improvements in services and quality of care.

Electronic Data Collection

The MCH program finds challenges in administering the surveillances within the clinics due to a limited number of providers. Newly assigned data assistants will support nurses in the clinic in administering surveillances while FHU and the Clinic Supervisor will arrange for refresher courses on the surveillance tools. Additionally, SSDI will support the digitizing of surveillances and collection will be done electronically to help reduce the burden of providers and patients in the clinic during screening and visitation.

Data Gaps and Needs

Aside from the mentioned surveillance and monitoring tools, there are some substantial data gaps to monitor the health of Palau's MCH population.

Women/Maternal Health

- There is a need to develop monitoring tools to effectively collect data on well-women visits to include tracking of women seen at private clinics.

Perinatal/Infant health

- There is a need to improve data collection from PPRASS to ensure that at least 70% or more mothers participate in the survey to get a better representation of the data on safe sleep and breastfeeding.
- Enhance the PPRASS survey to include monitoring of breastfeeding education and counseling.

Child and Adolescent Health

- There is very little information collected from children ages 2-5 years old. There is a need to conduct or enhance existing surveillance tools to capture data on early childhood. Mainly to monitor childhood obesity as well as childhood injuries.
- Enhance existing school health screening surveillance system to accurately track referrals, follow-up and interventions.

Cross-Cutting

- Improve data sharing between Behavioral Health and Palau MCH on students and pregnant women who receive cessation services.
- Propose the use of de-identified survey tool to capture alcohol, tobacco and substance use amongst the adolescent group.

III.E.2.b.iii.c. Other MCH Data Capacity Efforts

Other surveillance and registries commonly shared with the Palau MCH program are data from the communicable disease registry for assessing STI's/HIV and tuberculosis relevant to the MCH population, Immunization registry, cancer registry, and family planning registry for the reproductive age group. Reports and data systems were consulted for the needs assessment.

2020 Palau Census

The updates from the 2020 Republic of Palau Census provided the bases for socio-demographics data including population estimates by race/ethnicity for the MCH population.

STEPS Survey

The STEPS survey provided baseline data on a portion of women of reproductive age group between the ages of 25-44 years old. Behavioral risk factors, including demographic information, education level, ethnicity, marital status, and work status, number of people in a household and household income were collected to include substance use, physical and biochemical measures.

YRBS

YRBS or Youth Risk Behavior Survey was also utilized to supplement the school health screening data. YRBS collects data from a single, most populated public high school in Palau (grades 9-12). Data on unintentional injuries and violence, substance use, sexual behaviors, dietary behaviors, physical activity, obesity and other health topics were collected. Results were also considered for the needs assessment.

UDS

UDS or Uniform Data Systems report for the community health centers provides the overview of clinical performance as well the number of visits for the different services offered in the CHC's. UDS report is shared with Public Health Programs annually. Most of the services for MCH are provided at the community health centers.

Palau Hybrid Report 2017

The report provides prevalence of non-communicable diseases (NCDs), substance use, mental health, and selected risk factors in Palau. The survey collected responses from individuals aged 18 years or older and is administered every 5 years.

III.E.2.b.iv. MCH Emergency Planning and Preparedness

The Unit is a partner in the Health Care Coalition (HCC), ensuring that the MCH population, including children and youth with special health care needs, are protected in times of emergencies. HCC is comprised of key stakeholders that represent various agencies in the health care sector, government and private entities, and the community at large to improve health equity through collaborative efforts.

The program does not have a program Emergency Operations Plan (EOP) but follows the EOP that was developed by the Emergency Health Program, most recently the plan in response for COVID-19. As a member of the HCC, the program prioritizes the MCH population and emergency care for children in that they are identified via location and status of health care condition so that response teams can be prepared for rescue, evacuation or provision of medical services.

Improvement on the quality of pre-hospital care remains a priority, including properly equipping the ambulances and upskilling personnel. Training also continues for ER nurses, doctors and workers in pediatric care. Pediatric supplies and equipment have also been provided to the EMS agency and Emergency Room Department; as well as training provided by the Hospital pediatrician. In collaboration with the Health Care Coalition, the program participated in the September 2022 Preparedness Month's activities and facilitated training sessions in PALS, ABCs of Sleep, Child Safety/Seat Belt, Injury Prevention for Children as well as evacuation drills (fire, tsunami, earthquake) for all public and private schools (elementary, high school, and community college) in Palau. In May 2023, Emergency Medical Services for Children (EMSC) program coordinated events for Emergency Medical Service (EMS) Week where training, education, awareness campaigns and appreciation dinners were held in honor of all emergency responded nationwide.

III.E.2.b.v. Health Care Delivery System

III.E.2.b.v.a. Public and Private Partnerships

Overview

Palau's MCH Program thrives through the collaboration and partnerships it has with federal, state and non-governmental entities. It is by this collective approach that the federal funds work to maximize local funded resources to assure access of healthcare services for women, children and their families.

Partnerships

Key partners that work alongside MHHS' nurses, doctors and medical record technicians to support MCH services include:

1. *OB Ward (MHHS)*
    a. Serves as the only rooming-in unit for infant delivery and accommodation for parturient and post-partum mothers (normal and operative) and their infants.
    b. Assist with hearing screening on newborns when necessary
    c. Provides education on seatbelt law, breastfeeding, safe sleep
    d. Participates in committee meetings and contributes to policy making and program planning and intervention
2. *Community Health Center (MHHS)*
    a. Serves as access points for FHU clinics and MCH services for the general population in Palau
    b. Assist with transportation for families with special healthcare needs to appointments
    c. Assist with transportation for CSN Home Visits program
3. *Oral Health (MHHS)*
    a. Provides dental screening, treating, education, counseling and referring through FHU clinics and during the Annual School Screening program
    b. Participates in committee meetings and contributes to policy making and program planning and intervention
4. *Behavioral Health (MHHS)*
    a. Provides developmental screening for children in ages 0-5 years old (21 for children and adolescents with special healthcare needs or until they exit the CYSHCN program) in the Well Baby Clinic
    b. Provides psychosocial health screening, education, counseling and referring during Prenatal and Postpartum Clinics and in the School Screening program
    c. Assist in coordinating and managing home visitation of families with special health care needs
    d. Participates in committee meetings and contributes to policy making and program planning and intervention
5. *Immunization Unit (MHHS)*
    a. Provides immunization and education during Well Baby Clinic
    b. Participates in committee meetings and contributes to policy making and program planning and intervention
6. *Non-Communicable Disease Unit (MHHS)*
    a. Provides Breast and Cervical Cancer screening, education, counseling and referring during Well Women (GYN) clinic
    b. Participates in committee meetings and contributes to policy making and program planning and intervention
7. *Communicable Disease Unit (MHHS)*
    a. Provide assistance in screening and education for communicable diseases and infections
    b. Participates in committee meetings and contributes to policy making and program planning and intervention
8. *Emergency Health (MHHS)*
    a. Participates in committee meetings and contributes to policy making and program planning and intervention
    b. Provides training to health providers to be capable responders
9. *Division of Human Services (MHHS)*
    a. Assists in case managing for populations with disabilities or special healthcare needs
    b. Participates in committee meetings and contributes to policy making and program planning and intervention
10. *Kotel A Deureng (Non-governmental Organization)*
    a. Provides breastfeeding counseling & education during prenatal and postpartum clinics
    b. Participates in committee meetings and contributes to policy making and program planning and intervention
11. *Ministry of Education (MOE)*
    a. Participates in committee meetings and contributes to policy making and program planning and intervention
    b. Assist in case managing, training, and referring for CYSHCN program
12. *Ministry of Justice (MOJ)*
    a. Participates in committee meetings and contributes to policy making and program planning and intervention
    b. Assists in case managing and referring for individuals considered at-risk for health concerns

Majority of these of these stakeholders also run their programs in partnership with federal partners like Centers for Disease Control (CDC), Association of Maternal and Child Health Programs (AMCHP), World Health Organization (WHO) and (United Nations Children's Fund (UNICEF).

III.E.2.b.v.b. Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

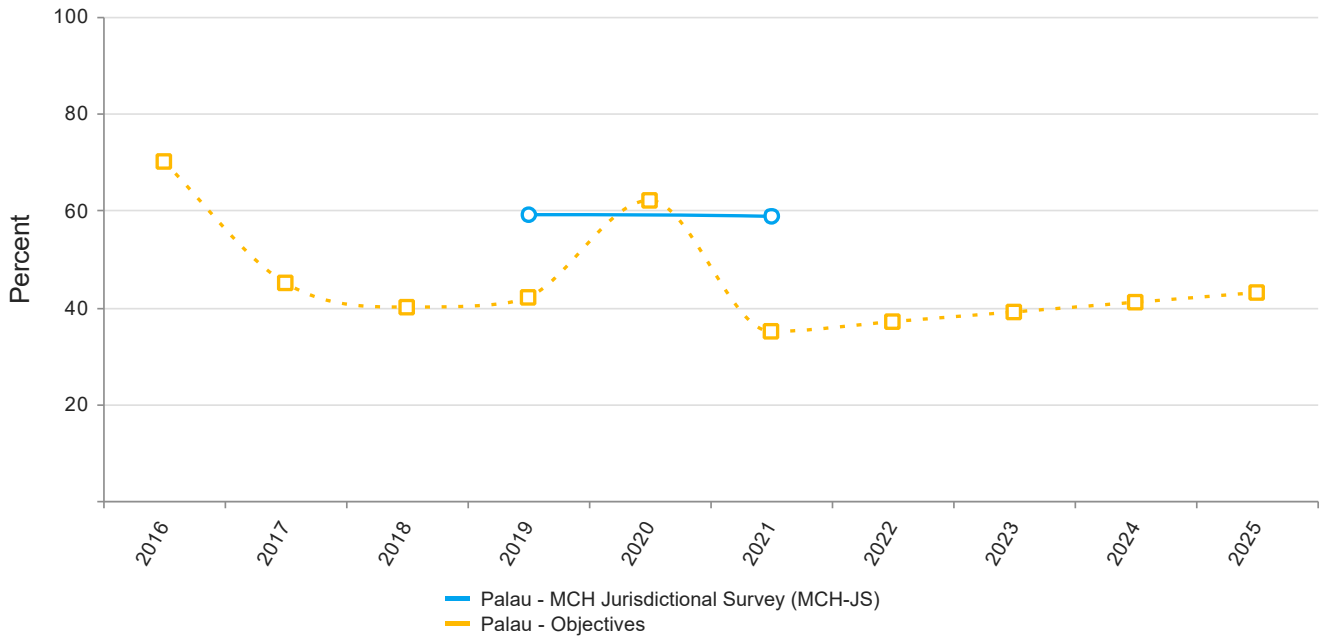
Palau does not qualify for Title V MCH – Title XIX Medicaid Inter-Agency Agreement (IAA)

III.E.2.c State Action Plan Narrative by Domain

Women/Maternal Health

National Performance Measures

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year
Indicators and Annual Objectives



Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective		62	35	37
Annual Indicator	59.1	59.1	58.8	58.8
Numerator	1,318	1,318	1,467	1,467
Denominator	2,229	2,229	2,496	2,496
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	40	42	62	35	37
Annual Indicator	42.4		35.8	34	
Numerator	1,342		1,513	1,479	
Denominator	3,163		4,229	4,355	
Data Source	Public Health Information System		PHIS	PHIS	
Data Source Year	2018		2020	2021	
Provisional or Final ?	Final		Provisional	Final	

Annual Objectives			
	2023	2024	2025
Annual Objective	39.0	41.0	43.0

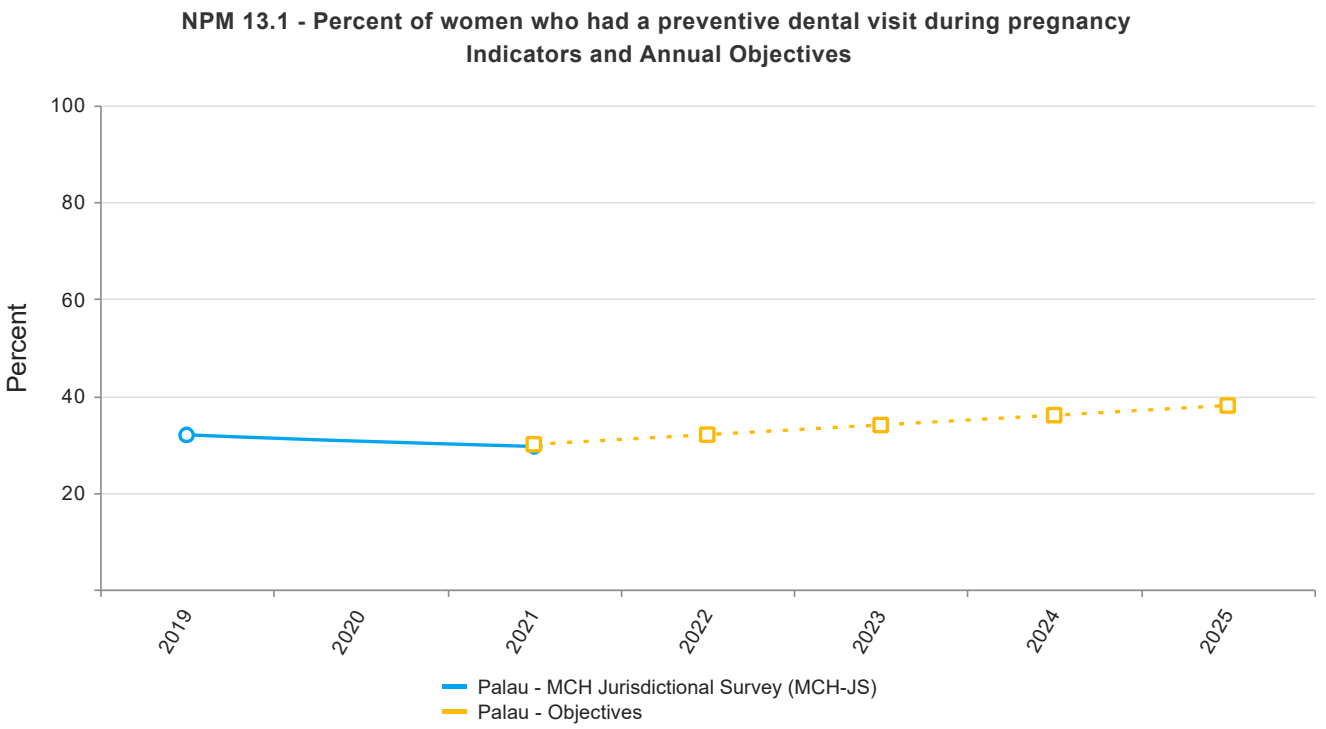
Evidence-Based or –Informed Strategy Measures

ESM 1.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			30	35
Annual Indicator			0	12.5
Numerator			0	1
Denominator			8	8
Data Source			CHCs	CHCs
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	2.0	4.0	6.0



Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			30	32
Annual Indicator	31.8	31.8	29.6	29.6
Numerator	974	974	931	931
Denominator	3,062	3,062	3,142	3,142
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data				
	2019	2020	2021	2022
Annual Objective			30	32
Annual Indicator				25.8
Numerator				16
Denominator				62
Data Source				PPRASS
Data Source Year				2022
Provisional or Final ?				Final

Annual Objectives			
	2023	2024	2025
Annual Objective	34.0	36.0	38.0

Evidence-Based or –Informed Strategy Measures

ESM 13.1.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			20	25
Annual Indicator	20	36	26.4	25.8
Numerator	11	9	14	16
Denominator	55	25	53	62
Data Source	PPRASS	PPRASS	PPRASS	PPRASS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	25.0	30.0	30.0

State Action Plan Table

State Action Plan Table (Palau) - Women/Maternal Health - Entry 1	
Priority Need	
Well-Woman	
NPM	
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Objectives	
By 2025, Increase by 10% the number of pregnant women receiving prenatal care during the first trimester	
By 2025, Increase the percentage of women with a past year preventative medical visit to 50%	
Strategies	
Improve collaborations with healthcare providers to improve and expand preventive health services (family planning, breast, and cervical cancer screening, sexually transmitted diseases screening, etc.)	
Revise and update well-women local health maintenance form based on Women's Preventive Services Initiative (WPSI)	
Work to improve data collection process to accurately track women's visit at other private clinics.	
ESMs	**Status**
ESM 1.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Palau) - Women/Maternal Health - Entry 2	
Priority Need	
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	
NPM	
NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year	
Objectives	
Increase the number of women receiving a postpartum depression screening by 2% annually	
Strategies	
Improve collaborations with healthcare providers, community stakeholders, and cultural groups to improve and expand preventive health services (family planning, breast and cervical cancer screening, sexually transmitted diseases screening, non-communicable diseases screening, etc.)	
ESMs	Status
ESM 1.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services	Active

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

NOM 5 - Percent of preterm births (<37 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

State Action Plan Table (Palau) - Women/Maternal Health - Entry 3

Priority Need

Oral Health for Pregnant Women and Children

NPM

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Objectives

By 2025, increase the percentage of pregnant women who reported a decrease or quit tobacco use to 25%

Strategies

Improve collaborations with healthcare providers, community stakeholders, and cultural groups to improve and expand preventive health services (family planning, breast and cervical cancer screening, sexually transmitted diseases screening, non-communicable diseases screening, etc.)

ESMs	Status
ESM 13.1.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy	Active

NOMs

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Annual Report 2022: Maternal/Women's Health

Although Palau experienced its first and highest COVID surge in the beginning of 2022, the MCH population remained a priority, and steps were taken to protect this population and try to ensure that clients felt safe enough to access services.

Available data indicated that although still high, tobacco use during pregnancy slightly decreased than previous years, and over 40% had attempted to decrease their use. Early access to prenatal care remained the same at 60%, still higher than previous years even pre-pandemic. Furthermore, the percentage of women accessing preventive medical visits remained the same.

Considering the surge in the first few months of the year, we were expecting worse numbers; however, because of established priorities and partnerships, MCH related services, programs and resources remained in place, and there were only a couple of months where services were suspended except for emergency services. MCH clinics were the first to resume after cases started decreasing in April, and in collaboration with internal and external partners, tents were set up outside the clinics for screening for COVID, and therefore ensuring patient safety and confidence. Services were our priorities, so some of our activities were suspended including surveys and outreach. Even when outreach was necessary, it was small groups and targeted throughout the year.

The remaining activities including revision of the health maintenance form based on WPSI, strengthening case management and tracking systems, updating educational materials, and staff capacity building will be carried on to upcoming year. The program will work with the health center program (FQHC) to expand and open a well women clinic targeting this population group. A working group will be formulated and a plan put in place to accomplish these activities.

Well-Woman Visit

Palau Title V program recognizes the importance of improving women's overall health due to data reflecting significant amounts/rise in unwanted/mistimed pregnancies, obesity gestational diabetes, postpartum depression and pregnant women who use tobacco. The MCH program determines that comprehensive approach to serving women's health is an appropriate priority need to reflect such matters. Thus, the team made some revisions in this domain to reflect as follows:

Priority Need	Objective	Measures
Well-Woman Visit	By 2025, Increase by 10% the number of pregnant women receiving prenatal care during the first trimester By 2025, Increase the percentage of women with a past year preventative medical visit to 50%	• NPM 1 – Percent of women, ages 18-40, with a preventive medical visit in the past year • ESM 1:1- Number of Federally Qualified Health Centers (FQHCs) that provide medical services

Strategy 1 Improve collaborations with healthcare providers, community stakeholders, and cultural groups to improve and expand preventive health services (family planning, breast and cervical cancer screening, sexually transmitted diseases screening, non-communicable diseases screening, etc.)

For Fiscal Year 2024 (FY24), the program will work closely with Community Health Center (CHC) to assemble a separate clinic dedicated to women of reproductive age only. Similar to the existing FHU program of Male Health Clinic, the teams will collaborate with all departments/units within Primary and Preventive health and arrange for a comprehensive approach of services available in one setting. This association will convene meetings to determine clinic times, manage flow of services, and other necessary aspects to implement the program. At this moment, the only option for such approach is at the Out-Patient Department at Belau National Hospital. It is this program's goal to provide such clinic at the Central Community Health Center I (CCHC I). With increase of FQHCs, access to primary services to women of reproductive ages is increased, and that will support the percentages of women who receive preventive medical visit and the number of pregnant women who receive prenatal care during their first trimester.

Strategy 2 Revise and update well-women local health maintenance form based on Women's Preventive Services Initiative (WPSI)

This coming year, the program plans to request technical assistance to review and revise clinic policies and procedures to include WPSI recommendations. This will allow an effective revision of currently outdated women's health maintenance form. This strategy will set the standards and eventually the benchmarks for quality improvement activities that support other strategies.

Strategy 3 Work to improve data collection process to accurately track women's visit at other private clinics
The Ministry has accomplished an agreement with private clinics in sharing of data and referring systems. FHU will continue to build on this partnership; this year's plans consist of convening meetings with representatives of the three clinics to finalize system of data sharing and provide list of services available at the CCHC I for their providers to be able to refer patients to the public health system.

Priority Need	Objective	Measures
Mental Health	Increase the number of women receiving a postpartum depression screening by 2% annually	• NPM 1 – Percent of women, ages 18-40, with a preventive medical visit in the past year • ESM 1:1- Number of Federally Qualified Health Centers (FQHCs) that provide medical services

Strategy 1 Improve collaborations with healthcare providers, community stakeholders, and cultural groups to improve and expand preventive health services (family planning, breast and cervical cancer screening, sexually transmitted diseases screening, non-communicable diseases screening, etc.)

For FY24, the program will work closely with CHC to assemble a separate clinic dedicated to women of reproductive age only. Similar to the existing FHU program of Male Health Clinic, the teams will collaborate with all departments/units within Primary and Preventive health and arrange for a comprehensive approach of services available in one setting. This association will convene meetings to determine clinic times, manage flow of services, and other necessary aspects to implement the program. It is this program's goal to provide such clinic at the CCHC I. With increase of FQHCs, access to primary services to women of reproductive ages is increased, and that will support the percentages of women who receive preventive medical visit, inclusive of postpartum depression screening.

Priority Need	Objective	Measures
Oral Health	By 2025, increase the percentage of pregnant women who decrease or quit tobacco use to 25%	• NPM 13.1 Percent of women who had a preventive dental visit during pregnancy • ESM 13.1.1 - Number of dental cleanings for pregnant women who chew betelnut with tobacco during pregnancy

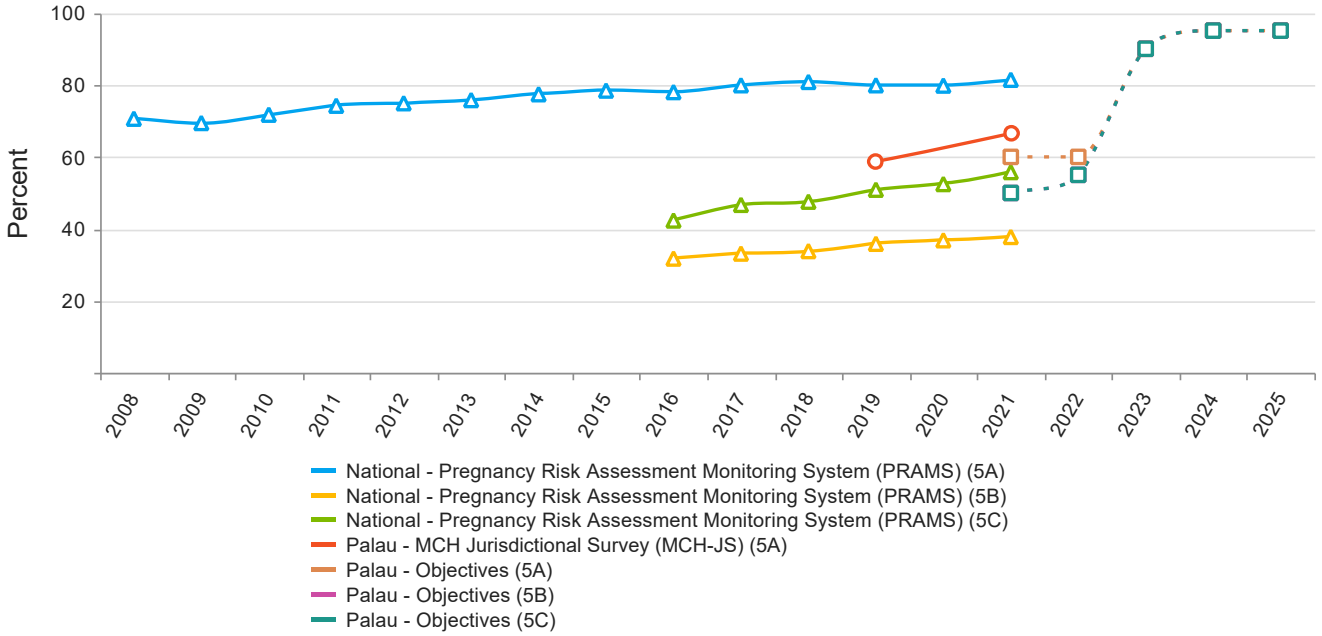
Strategy 1 Improve collaborations with healthcare providers, community stakeholders, and cultural groups to improve and expand preventive health services (family planning, breast and cervical cancer screening, sexually transmitted diseases screening, non-communicable diseases screening, etc.)

For FY24, the program will work closely with CHC to assemble a separate clinic dedicated to women of reproductive age only. Similar to the existing FHU program of Male Health Clinic, the teams will collaborate with all departments/units within Primary and Preventive health and arrange for a comprehensive approach of services available in setting. This association will convene meetings to determine clinic times, manage flow of services, and other necessary aspects to implement the program. It is this program's goal to provide such clinic at the CCHC I. With increase of FQHCs, access to primary services to women of reproductive ages is increased, and that will support the percentages of women who receive preventive medical visit, and inclusive of pregnant women who receive dental services.

Perinatal/Infant Health

National Performance Measures

NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding Indicators and Annual Objectives



NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			60	60
Annual Indicator	58.6	58.6	66.5	66.5
Numerator	120	120	169	169
Denominator	204	204	254	254
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data				
	2019	2020	2021	2022
Annual Objective			60	60
Annual Indicator				88.9
Numerator				56
Denominator				63
Data Source				PPRASS
Data Source Year				2022
Provisional or Final ?				Final

Annual Objectives			
	2023	2024	2025
Annual Objective	90.0	95.0	95.0

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	55
Annual Indicator	0	47.9	86.3	88.9
Numerator	0	102	44	56
Denominator	213	213	51	63
Data Source	PPRASS	PPRASS	PPRASS	PPRASS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Provisional	Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	90.0	95.0	95.0

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	55
Annual Indicator	0	47.9	86.3	88.9
Numerator	0	102	44	56
Denominator	213	213	51	63
Data Source	PPRASS	PPRASS	PPRASS	PPRASS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Provisional	Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	90.0	95.0	95.0

Evidence-Based or –Informed Strategy Measures

ESM 5.1 - Number of child care facilities that received training on safe sleep

Measure Status:			Active	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			35	40
Annual Indicator			0	0
Numerator			0	0
Denominator			4	4
Data Source			MCH	MCH
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	1.0	2.0	4.0

State Performance Measures

SPM 2 - Percent of live births to resident women who received first trimester prenatal care

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	80
Annual Indicator			47.8	49.7
Numerator			107	77
Denominator			224	155
Data Source			Birth Registry	Birth Registry
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	50.0	52.0	55.0

State Outcome Measures

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Measure Status:			Active	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			35	40
Annual Indicator		32.9	40.9	41.3
Numerator		70	90	64
Denominator		213	220	155
Data Source		2020	2021	2022
Data Source Year		PPRASS	PPRAS/WBC	PPRAS/WBC
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	45.0	50.0	55.0

State Action Plan Table

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 1	
Priority Need	
Improved Birth Outcomes and Child/Adolescent Health	
NPM	
NPM 5 - A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding	
Objectives	
By 2025, Increase the percentage of infants placed to sleep on their backs to 90%	
Strategies	
Provide educational materials/training on safe sleep to childcare facilities (i.e. daycare centers)	
ESMs	**Status**
ESM 5.1 - Number of child care facilities that received training on safe sleep	Active
NOMs	
NOM 9.1 - Infant mortality rate per 1,000 live births	
NOM 9.3 - Post neonatal mortality rate per 1,000 live births	
NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births	

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 2

Priority Need

Improved Birth Outcomes and Child/Adolescent Health

SPM

SPM 2 - Percent of live births to resident women who received first trimester prenatal care

Objectives

By 2025, Increase by 10% the number of pregnant women receiving prenatal care during the first trimester

Strategies

Expand the number of community health centers that provide preventive care services to women of reproductive age

State Action Plan Table (Palau) - Perinatal/Infant Health - Entry 3

Priority Need

Improved Birth Outcomes and Child/Adolescent Health

SOM

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Objectives

By 2025, increase the percentage of infants breastfed up to 6 months to 70%

By 2025, Increase the percentage of infants breastfed exclusively for up to 6 months from 30% to 50%

Strategies

Provide support to breastfeeding initiative by follow-up survey indicating exclusive breastfeeding at 6 months

Conduct social media campaigns raising awareness on breastfeeding support

Perinatal/Infant Health

Through strong community partnerships with the “Breastfeeding Community Workgroup,” a designated area the health center where MCH services are offered, was established to provide education on counseling and safe sleep and this has been maintained for several years now. In 2022, about 89% of women rested their infants on their backs. 10% said they either placed them on their back or side. And about 2% said they put them on their stomach or chest. Furthermore, the Palau Non-Communicable Disease Prevention and Control included in their action plan under “Improving Nutrition” to increase breastfeeding by mothers of infants up to 6 months of age by collaborating with Palau MCH and other community partners. This collaborative effort will provide additional support for the program to raise public awareness of the benefits of breastfeeding and support the program in policies that support breastfeeding mothers. In 2022, more than 50% of infants were breastfed exclusively for up to three months. The program hopes to see an increase in breastfeeding, but will need to ensure collection of data to show exclusive breastfeeding up to 6 months.

However, because Palau continues to see poor birth outcomes including infant and fetal mortality and low birth weight, the program will need to emphasize the health of the mother and effective education in the early trimester. The program will also include other childcare facilities into its activities to promote safe sleep, by providing education and training to staff.

Perinatal/Infant Health

Palau Title V program recognizes that the health of the infant is essentially dependent of the mother during pregnancy. Unplanned and complicated pregnancies often result in pre-term or low birth weigh births. With this the team determines prenatal care during the first trimester as an objective to focus on this year. Revisions were made to the Priority Need to accommodate the comprehensive approach strategy the team is planning to pilot in women's health. Breastfeeding and safe sleep are helpful factors to healthy infants and reducing infant/fetal mortality.

Priority Need	Objective	Measures
Improved Birth Outcomes and Child/ Adolescent Health	By 2025, Increase by 10% the number of pregnant women receiving prenatal care during the first trimester	• SPM 2 Percent of live births to resident women who received first trimester prenatal care

Strategy 1 Expand the number of community health centers that provide preventive care services to women of reproductive age

For Fiscal Year 2024 (FY24), the program will work closely with Community Health Center (CHC) to assemble a separate clinic dedicated to women of reproductive age only. Similar to the existing FHU program of Male Health Clinic, the teams will collaborate with all departments/units within Primary and Preventive health and arrange for a comprehensive approach of services available in one setting. This association will convene meetings to determine clinic times, manage flow of services, and other necessary aspects to implement the program. At this moment, the only option for such approach is at the Out-Patient Department at Belau National Hospital. It is this program's goal to provide such clinic at the Central Community Health Center I (CCHC I). With increase of FQHCs, access to primary services to women of reproductive ages is increased, and that will support the percentages of women who receive preventive medical visit and the number of pregnant women who receive prenatal care during their first trimester.

Priority Need	Objective	Measures
Improved Birth Outcomes and Child/ Adolescent Health	1. By 2025, increase the percentage of infants breastfed up to 6 months to 70% 2. By 2025, Increase the percentage of infants breastfed exclusively for up to 6 months from 30% to 50%	• SOM 2 Percent of infants who are breastfed exclusively for up to 6 months

Strategy 2 Provide support to breastfeeding initiative by follow-up survey indicating exclusive breastfeeding at 6 months

FHU maintains a concrete partnership with breastfeeding consultant (Kotel A Deureng) who provides breastfeeding counseling in the clinics. Follow-up surveys have been designed to track exclusive breastfeeding up to 6 months and FHU staff will assist in collecting such data.

Strategy 3 Conduct social media campaigns raising awareness on breastfeeding support

FHU continues efforts with Kotel A Deureng in social media campaigns and outreach services in providing awareness for breastfeeding support from community

Priority Need	Objective	Measures
Improved Birth Outcomes and Child/ Adolescent Health	By 2025, Increase the percentage of infants placed to sleep on their backs to 90%	• NPM 5 A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding • ESM 5.1 - Number of child care facilities that received training on safe sleep

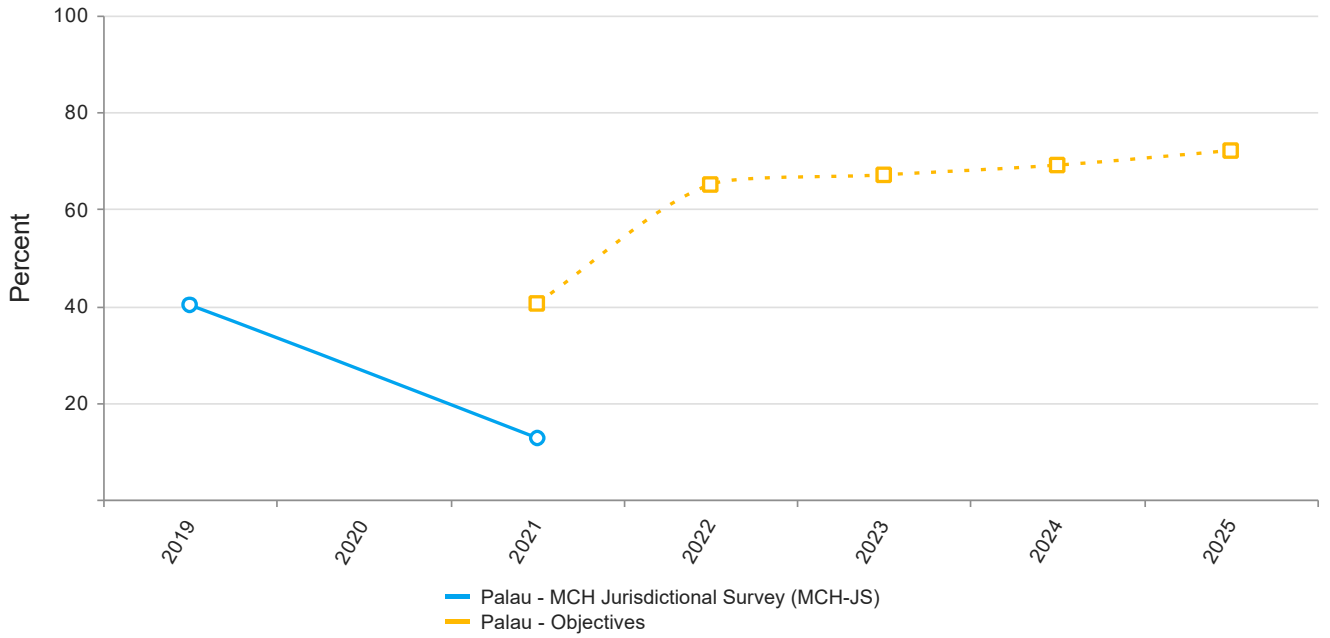
Strategy 4 Provide educational materials/training on safe sleep to childcare facilities (i.e., daycare centers)

For FY24, the program will coordinate and implement plans in providing safe sleep educational materials and/or training.

Child Health

National Performance Measures

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year
Indicators and Annual Objectives



Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			40.5	65
Annual Indicator	40.3	40.3	12.8	12.8
Numerator	223	223	85	85
Denominator	554	554	666	666
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data				
	2019	2020	2021	2022
Annual Objective			40.5	65
Annual Indicator			64.2	41.1
Numerator			485	250
Denominator			755	609
Data Source			ASQ Database	ASQ Database
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

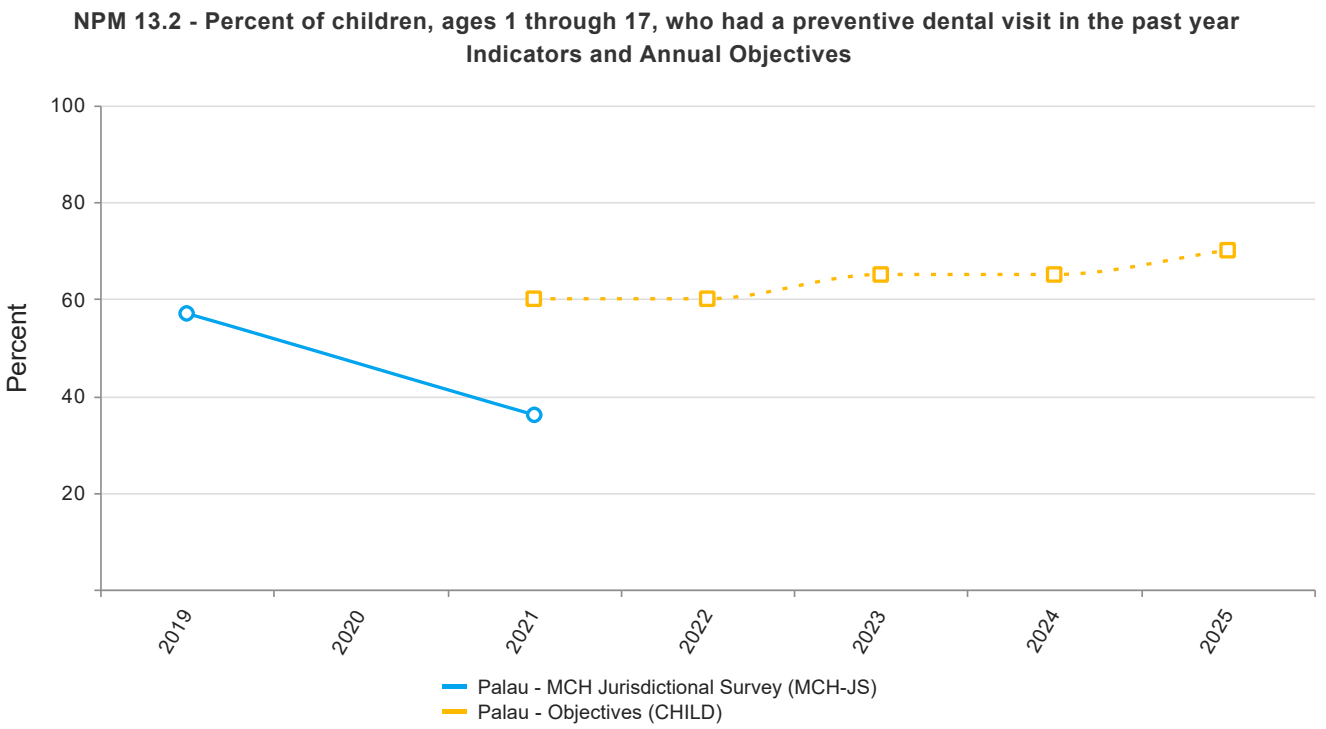
Annual Objectives			
	2023	2024	2025
Annual Objective	67.0	69.0	72.0

Evidence-Based or –Informed Strategy Measures

ESM 6.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool

Measure Status:			Active	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			15	20
Annual Indicator			41.4	30.8
Numerator			353	250
Denominator			852	812
Data Source			ASQ Database	ASQ Database
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	25.0	30.0	35.0



NPM 13.2 - Child Health

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			50	60
Annual Indicator	57.0	57.0	36.1	36.1
Numerator	2,369	2,369	1,484	1,484
Denominator	4,158	4,158	4,108	4,108
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	65.0	65.0	70.0

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			80	80
Annual Indicator		77.1	82.4	27.1
Numerator		1,208	1,241	285
Denominator		1,566	1,506	1,050
Data Source		School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	80.0	85.0

State Performance Measures

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			75	80
Annual Indicator	43.1	82.2	78.7	76.9
Numerator	453	970	967	807
Denominator	1,052	1,180	1,229	1,049
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	82.0	82.0

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			35	35
Annual Indicator			0	0
Numerator			0	0
Denominator			4	4
Data Source			School Health Screening	School Health Screening
Data Source Year			2021	2022
Provisional or Final ?			Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	0.0	2.0	2.0

State Outcome Measures

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities

Measure Status:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			4	15
Annual Indicator		12	14	14
Numerator				
Denominator				
Data Source		School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022
Provisional or Final ?		Final	Final	Final

State Action Plan Table

State Action Plan Table (Palau) - Child Health - Entry 1	
Priority Need	
Oral Health for Pregnant Women and Children	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
By 2025, increase the percentage of children with a dental screen who reported a dental visit in the past year to 20%	
Strategies	
Strengthen coordination with oral health program to improve/expand delivery of oral health services to children	
ESMs	Status
ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	

State Action Plan Table (Palau) - Child Health - Entry 2

Priority Need

Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention

NPM

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Objectives

By 2025, increase the percentage of children, who received a developmental screening using a parent-completed screening tool to 70%

Strategies

Increase developmental screening starting at 4 months, increase tracking and early follow-up and referral for interventions services

ESMs	Status
ESM 6.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool	Active

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

State Action Plan Table (Palau) - Child Health - Entry 3

Priority Need

Childhood Obesity

SPM

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Objectives

By 2025, increase the percentage of students who participate in 60 minutes per day of physical activity to 25%

Strategies

Coordinate activities community-based organizations (i.e., National Swimming Association) and schools to increase/improve opportunities for physical activity at the community level

State Action Plan Table (Palau) - Child Health - Entry 4

Priority Need

Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention

SPM

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Objectives

By 2025, decrease the percentage of children who reported bullying to 30%

Strategies

Coordinate with the Ministry of Education and Behavioral Health to integrate additional anti-bullying and violence prevention messages.

Child Health

Twenty-two schools participated in the SY 2022-2023 school health screening. 47% (n=493) of students were between the ages of 5 to 10 years old. Although we would like to see more parents consent to their children to be screened in the schools, almost half of this sub-population were seen by healthcare workers.

However, due to the surge in early 2022, our oral health division was short staffed, and were not able to participate in the scheduled school health screening, and their data were not included for 2022. Furthermore, because of priority to the elderly with multiple chronic co-morbidities, most of the seasonal influenza vaccines were reserved and administered to this group.

The program has already started working with the oral health division and the health center program to ensure services are available and accessible to target population. In addition to participating again in the school health screening this year, the oral health division has additional schedules to provide services in the schools as well as outlying health centers to reach more of the community.

The MCH program also changed its immunization activities to focus more on HPV, as it has the lowest coverage in Palau, and this is outlined under the adolescent domain. Parental consent will be targeted, and separate (from the general school health screening consent) consent forms will be developed and distributed to 5th grade parents, with specific information on the importance of the vaccine. School staff will also be educated in hopes that they will try harder to disseminate and collect consent forms for HPV vaccination.

Unfortunately, a significant percentage of children report being bullied and experience forms of violence in the school setting. The program continues to work with school administrators, teachers and staff and provide support to address issues on bullying and violence. Our school counselor has developed and implemented an emotional support curriculum to provide children tools and skills on coping and support.

There has been a slight but steady increase in physical activity and healthy eating in the schools. Afterschool programs that include physical activities for children are being implemented in some of the schools. Public messaging on health eating as well as health promoting school initiatives have all contributed to the positive outcomes. The program will continue to support such initiatives in the upcoming year.

Another successful activity in the past year are the efforts of the SAFE Committee on the new seat belt law. The program and these partners conducted many educational outreaches including roadside rallies, house to house visits, social media posts. Part of the campaign to promote this new law included giving away car seats to low income families.

Child Health

Palau Title V program recognizes that child population in Palau are a vulnerable and dependent group needing extra efforts in accessing healthcare services. Oral health, obesity, and mental health have been determined as priority need areas for this group. Revisions were made to some strategies in order to assure effective implementation of activities.

Priority Need	Objective	Measures
Oral Health for Pregnant Women and Children	By 2025, increase the percentage of children with a dental screen who reported a dental visit in the past year to 20%	• NPM 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year • ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Strategy 1 Strengthen coordination with oral health program to improve/expand delivery of oral health services to children

For Fiscal Year 2024 (FY24), the FHU will convene meetings with Oral Health program to assess existing programs, coordinate and implement plans in expanding and improving dental services to children. Oral Health has welcomed to their workforce an oral health educator and FHU will support this person in leveraging culturally appropriate educational materials targeting the child population.

Priority Need	Objective	Measures
Childhood Obesity	By 2025, increase the percentage of students who participate in 60 minutes per day of physical activity to 25%	• SPM 1 Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Strategy 2 Coordinate activities with community-based organizations (i.e., National Swimming Association) and schools to increase/improve opportunities for physical activity at the community level

ForFY24, the FHU will strengthen partnership with Ministry of Education (MOE) to address the need for increased physical activity for children to combat obesity. Will advocate to utilize community-based organization in coordinating physical activities to promote healthy lifestyles at an early age.

Priority Need	Objective	Measures
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	By 2025, decrease the percentage of children who reported bullying to 30%	• SPM 3 Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Strategy 3 Coordinate with the MOE and Behavioral Health (BH) to integrate additional anti-bullying and violence prevention messages.

For FY24, the program will collaborate with MOE and BH in adopting anti-bullying, violence-based SEL programs in

schools – initial phase will target central public elementary school to pilot this new program. Aims are to provide awareness and education to school staff in anti-bullying protocols and emotional well-being, so that they can easily identify and effectively respond to instances of violence and social harm. Secondary steps would then provide awareness and education to students, with the assistance and understanding of trained school staff.

Priority Need	Objective	Measures
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	By 2025, increase the percentage of children, who received a developmental screening using a parent-completed screening tool to 70%	• NPM 6 Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year • ESM 6.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool

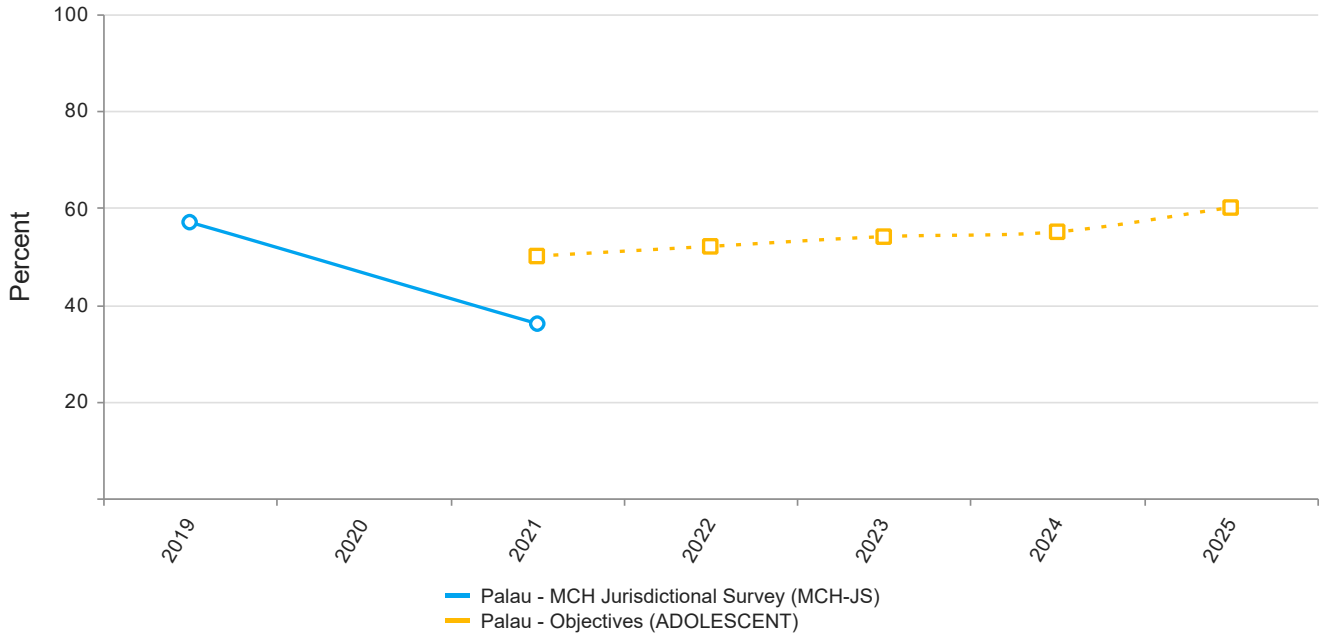
Strategy 4 Increase developmental screening starting at 4 months, increase tracking and early follow-up and referral for interventions services.

For FY24, the program initially will conduct refresher courses with nurses and FHU staff in administering ASQ developmental screening tool. After this, the program will designate support from FHU or CHC staff to assist nurses in clinic to administer screening tool with parents.

Adolescent Health

National Performance Measures

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year
Indicators and Annual Objectives



NPM 13.2 - Adolescent Health

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			50	52
Annual Indicator	57.0	57.0	36.1	36.1
Numerator	2,369	2,369	1,484	1,484
Denominator	4,158	4,158	4,108	4,108
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	54.0	55.0	60.0

Evidence-Based or –Informed Strategy Measures

ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			80	80
Annual Indicator		77.1	82.4	27.1
Numerator		1,208	1,241	285
Denominator		1,566	1,506	1,050
Data Source		School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	80.0	85.0

State Performance Measures

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			75	80
Annual Indicator	43.1	82.2	78.7	76.9
Numerator	453	970	967	807
Denominator	1,052	1,180	1,229	1,049
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	82.0	82.0

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Measure Status:			Active	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			35	35
Annual Indicator			0	0
Numerator			0	0
Denominator			4	4
Data Source			School Health Screening	School Health Screening
Data Source Year			2021	2022
Provisional or Final ?			Provisional	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	0.0	2.0	2.0

SPM 4 - Number of schools that implement a new HPV parental consent form

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	**2025**
Annual Objective	10.0	22.0

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

SPM 6 - Number of school-based group educational sessions on alcohol and drug use

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

State Outcome Measures

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities

Measure Status:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			4	15
Annual Indicator		12	14	14
Numerator				
Denominator				
Data Source		School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022
Provisional or Final ?		Final	Final	Final

State Action Plan Table

State Action Plan Table (Palau) - Adolescent Health - Entry 1	
Priority Need	
Oral Health for Pregnant Women and Children	
NPM	
NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year	
Objectives	
Maintain oral health screening, brief intervention and referral through school health screening program	
Strategies	
Continue to work with and support the Oral Health Division to ensure screening and intervention in the schools	
ESMs	Status
ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program	Active
NOMs	
NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	

State Action Plan Table (Palau) - Adolescent Health - Entry 2

Priority Need

Substance Use Among Youth

SPM

SPM 6 - Number of school-based group educational sessions on alcohol and drug use

Objectives

Increase the number of school based interventions on alcohol and drug use

Strategies

Collaborate with partners to assess interventions, particularly on group educational sessions (i.e., curriculum used with adolescents)

Adopt or develop educational intervention with partners

Implement and evaluate.

State Action Plan Table (Palau) - Adolescent Health - Entry 3

Priority Need

Youth sexual health

SPM

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Objectives

Increase the number of implemented group-based risk reduction interventions in schools from 0 to 1.

Strategies

Assessment - review literature, conduct focus group discussions to identify barriers and enabling factors in sex education.

Work with partners to adopt/adapt risk reduction intervention (from Community Guide)

Implement (pilot) in one school and evaluate.

State Action Plan Table (Palau) - Adolescent Health - Entry 4

Priority Need

Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention

SPM

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Objectives

Continue to work with partners to expand access to behavioral health and other support services for adolescents

Strategies

Collaborate with Behavioral Health to strengthen: • 24/7 Hotline • Increase suicide ideation training, workshops, and certification of healthcare providers, counselors, and educators • Promote standardized depression, anxiety, and substance use screening

Coordinate and work with LEEP and schools to encourage and foster peer mentoring

Review screening and referral processes and facilitate training for all providers involved in the school health screening

Coordinate and/or provide continuing education and workforce development for providers working with adolescents

State Action Plan Table (Palau) - Adolescent Health - Entry 5

Priority Need

Child and Adolescent Immunization

SPM

SPM 4 - Number of schools that implement a new HPV parental consent form

Objectives

By 2025, increase the percentage of adolescents, ages 13 through 17, who receive at least one dose of the HPV vaccine to 50%

Strategies

Strengthen communication and collaboration with schools, especially administration and 5th grade teachers

Provide education on the importance of HPV vaccine to school administrators, health teachers, and 5th grade teachers who are responsible for disseminating and collecting consent forms from parents

Revise consent form for HPV, to include anti-cancer information and implement in all the elementary schools as separate from the general school health screening consent form

State Action Plan Table (Palau) - Adolescent Health - Entry 6

Priority Need

Childhood Obesity

SPM

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Objectives

Increase the number of adolescents who are physically active per guidelines

Strategies

Work with youth organizations/sports federations discuss innovative ways to promote physical activity amongst youth

Support community-wide campaigns to promote physical activity particularly in adolescents and young people

Adolescent Health

In 2022, 53% of adolescents between the ages of 11 to 19 participated in the screening. Furthermore, the program identified and referred 63% of the participating students for further assessment, counseling and treatment. The MCH program continues to maintain and strengthen collaborative relationships with internal Ministry of Health partners, local community and even regional partners to further programmatic objectives. During these annual screening visits, public health programs utilize the opportunity to provide information on healthy living and importance of primary and preventive health.

In March 2023, CDC conducted an analysis of our immunization data which revealed our HPV vaccination coverage for children 13 – 17 is at 46%. The program will continue to work with partners including the schools to implement strategies to convince more parents to consent to their children to get this vaccine. A separate consent form will be developed with more targeted cancer related information and the importance of the vaccine. School staff will be trained and supported in order to ensure successful dissemination and collection of the consent forms.

Based on work with our behavioral health partners, it became apparent that more targeted and supported interventions are needed in the school setting to address issues of substance use, sexual health, and mental health. The program counselor will identify resources and interventions that can be easily adopted/adapted and pilot them in schools.

The program also worked with the health center to ensure that evidence-based guidelines were included in and EHR system that is being procured. Once this system goes live, providers and relevant staff will be able to utilize screening and other clinical guidelines for all age groups, including adolescents.

Finally, the MCH program/FHU continued to support and participate in outreach activities with other public health programs including the chronic disease programs, immunization, communicable disease, tobacco program, emergency health, and others in various health events and fairs. The FHU participated in the National Health Summit held earlier in 2023 where a lot of high school students were invited, and were given opportunities to obtain health information.

Adolescent Health

Palau Title V program identifies this domain with the most risk factors that call for action. Based on MCH and partner data, sexual behaviors, alcohol and tobacco use, obesity, oral health and HPV immunization are considered priority needs for this domain. Revisions were made in order to align with selected priority needs, although continued changes to improve performance measurement framework is still necessary.

Priority Need	Objective	Measures
Substance Use Among Youth	Increase the number of school-based interventions on alcohol and drug use	• SPM 6 Number of school-based group educational sessions on alcohol and drug use

Strategy 1 Collaborate with partners to assess interventions, particularly on group educational sessions (i.e., curriculum used with adolescents)

Adopt or develop educational intervention with partners

Implement and evaluate

For Fiscal Year 2024 (FY24), the FHU will convene meetings with partners to assess and determine intervention programs culturally best for this group. Discussion on partner roles and contributions and methods of approach are several issues to address. Once a plan is agreed upon, then next steps are to adopt/develop educational intervention with partners followed by implementations in a school. At the end of the programs, the team is to evaluate and determine effectiveness and quality improvement.

Priority Need	Objective	Measures
Youth Sexual Health	Increase the number of implemented group-based risk reduction interventions in schools from 0 to 1	• SPM 5 HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Strategy 2 Assessment - review literature, conduct focus group discussions to identify barriers and enabling factors in sex education.

Work with partners to adopt/adapt risk reduction intervention (from Community Guide)

Implement (pilot) in one school and evaluate

For Fiscal Year 2024 (FY24), the FHU will convene meetings with partners to assess and determine intervention programs culturally best for this group. Discussion on partner roles and contributions and methods of approach are several issues to address. Once a plan is agreed upon, then next steps are to adopt/develop educational intervention with partners followed by implementations in a school. At the end of the programs, the team is to evaluate and determine effectiveness and quality improvement.

Priority Need	Objective	Measures
Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	Continue to work with partners to expand access to behavioral health and other support services for adolescents	• Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Strategy 3 Collaborate with Behavioral Health to strengthen:24/7 Hotline

Increase suicide ideation training, workshops, and certification of healthcare providers, counselors, and educators

Promote standardized depression, anxiety, and substance use screening

Coordinate and work with LEEP and schools to encourage and foster peer mentoring

Review screening and referral processes and facilitate training for all providers involved in the school health screening

Coordinate and/or provide continuing education and workforce development for providers working with adolescents.

Priority Need	Objective	Measures
Child and Adolescent Immunization	By 2025, increase the percentage of adolescents, ages 13 through 17, who receive at least one dose of the HPV vaccine to 50%	• SPM 4 Number of schools that implement a new HPV parental consent form

Strategy 4 Strengthen communication and collaboration with schools, especially administration and 5th grade teachers

Provide education on the importance of HPV vaccine to school administrators, health teachers, and 5th grade teachers who are responsible for disseminating and collecting consent forms from parents

Revise consent form for HPV, to include anti-cancer information and implement in all the elementary schools as separate from the general school health screening consent form

Priority Need	Objective	Measures
Childhood Obesity	Increase the number of adolescents who are physically active per guidelines	• SPM 1 Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Strategy 5 Work with youth organizations/sports federations discuss innovative ways to promote physical activity amongst youth

Support community-wide campaigns to promote physical activity particularly in adolescents and young people

Priority Need	Objective	Measures
Oral Health for Pregnant Women and Children	Maintain oral health screening, brief intervention and referral through school health screening program	• NPM 13.2 Percent of children, ages 1 through 17, who had a preventive dental visit in the past year • ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

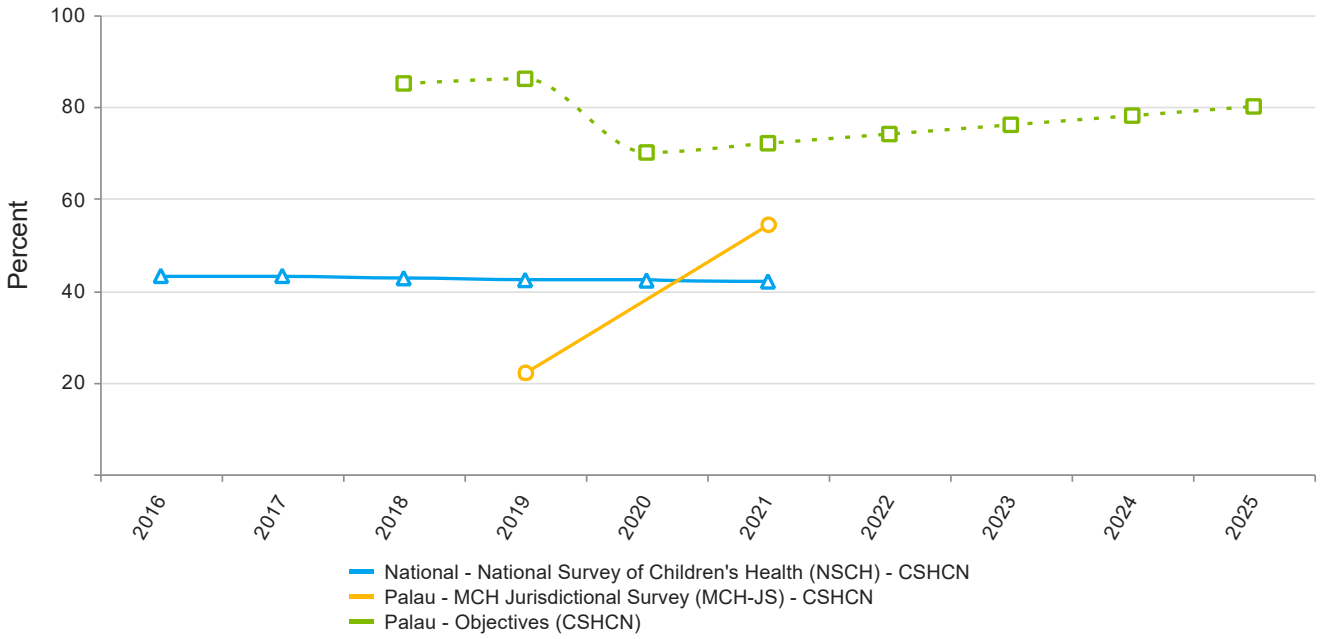
Strategy 6 Continue to work with and support the Oral Health Division to ensure screening and intervention in the schools

Children with Special Health Care Needs

National Performance Measures

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

Indicators and Annual Objectives



NPM 11 - Children with Special Health Care Needs

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN				
	2019	**2020**	**2021**	**2022**
Annual Objective	86	70	72	74
Annual Indicator	22.0	22.0	54.2	54.2
Numerator	81	81	86	86
Denominator	367	367	160	160
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2021	2021

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	85	86	70	72	74
Annual Indicator	82.1			76.9	76.9
Numerator	133			130	130
Denominator	162			169	169
Data Source	Children With Special Health Care Needs Survey			Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey
Data Source Year	2017			2020	2020
Provisional or Final ?	Final			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	76.0	78.0	80.0

Evidence-Based or –Informed Strategy Measures

ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support

Measure Status:				Active	
State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	45	40	33	35	37
Annual Indicator	33.5	33.5	39.2	39.2	39.2
Numerator	65	65	80	80	80
Denominator	194	194	204	204	204
Data Source	CSN	CSN	CSN	CSN Survey	CSN Survey
Data Source Year	2018	2019	2020	2020	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	39.0	41.0	45.0

State Action Plan Table

State Action Plan Table (Palau) - Children with Special Health Care Needs - Entry 1	
Priority Need	
Systems improvement for MCH and CSHCN	
NPM	
NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home	
Objectives	
Increase awareness of services by 5% in the next 5 years	
Increase care coordination by 15% in the next SLAIT-LIKE survey	
Strategies	
MCH program to develop and disseminate information to educate parents about the components of a medical home and develop training materials and information for healthcare providers on medical home	
Support and link children with disabilities and their families to primary healthcare services and available community support systems	
Evaluate and document case management process for children with disabilities and incorporate evidence-informed health care transition processes into care coordination services	
Reduce gaps and barriers to specialty care by supporting expanded telehealth solutions.	
Work with partners to develop telehealth policy	
ESMs	**Status**
ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support	Active
NOMs	
NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system	
NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling	
NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health	
NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year	

Children with Special Health Care Needs

The MCH program supported, participated in, and disseminated information in meetings and conferences (late 2022) with CSHCN parents, partners, and other stakeholders. In December 2022, a one-day workshop convened stakeholders to share information on community resources and services that support people with disabilities and special health care needs. With such strong support from partners and the community, a policy maker (congressman) pledged to work on legislation to protect and support this target population.

Because of the pandemic, the advisory committee for children and youth with special needs was not able to convene; however, in the last year, the committee was re-convened and partners are now looking at its terms to reference to strengthen its capacity and scope. Furthermore, the program was able to meet with special education department to identify effective ways to link services and resources within the various agencies that work serve the CSHCN population. The program is now currently revising the MOU between Ministry of Health and Ministry of Education to ensure seamless collaboration.

As mentioned elsewhere in this report, the Ministry of Health is now in the process of developing a formal telehealth program to enhance education and training, provider to provider consultations, and accessing much needed specialty services for target populations through telemedicine.

Children with Special Health Care Needs (CSCHCN) Health

Palau Title V program identifies this domain as the most vulnerable. This upcoming year, FHU wants to raise awareness about the needs and voices of this population group. Revisions were made in order to align with selected objectives, although continued changes to improve performance measurement framework is still necessary.

Priority Need	Objective	Measures
Systems improvement for MCH and CSHCN	1. Increase awareness of services by 5% in the next 5 years 2. Increase care coordination by 15% in the next SLAIT-LIKE survey	• NPM 11 Percent of children with and without special health care needs, ages 0 through 17, who have a medical home • ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support

Strategy 1 MCH program to develop and disseminate information to educate parents about the components of a medical home and develop training materials and information for healthcare providers on medical home

Support and link children with disabilities and their families to primary healthcare services and available community support systems

Evaluate and document case management process for children with disabilities and incorporate evidence-informed health care transition processes into care coordination services

Reduce gaps and barriers to specialty care by supporting expanded telehealth solutions.

Work with partners to develop telehealth policy create

Cross-Cutting/Systems Building

State Performance Measures

SPM 7 - Number of trainings to improve and enhace MCH workforce capacity

Measure Status:	Active

State Provided Data	
	2022
Annual Objective	
Annual Indicator	0
Numerator	
Denominator	
Data Source	program records
Data Source Year	2022
Provisional or Final ?	Provisional

Annual Objectives		
	2024	2025
Annual Objective	1.0	1.0

State Action Plan Table

State Action Plan Table (Palau) - Cross-Cutting/Systems Building - Entry 1
Priority Need
Systems improvement for MCH and CSHCN
SPM
SPM 7 - Number of trainings to improve and enhace MCH workforce capacity
Objectives
Increase MCH Workforce Capacity record and tracking system from 0 to 1
Strategies
Create tracking sheet of trainings assigned and obtained by MCH staff and providers

Cross-Cutting/Systems Builiding - Annual Report

Cross cutting systems

The MCH program worked with partners in the Oral Health Division and the Cancer Program to educate dental patients (children and adults) on oral cancer. Although the clinic setting may not have the capacity to support an oral cancer screening program, dental workers still take the opportunity to educate on good oral health, and the use of tobacco associated with oral cancers. The program lost its dental hygienist who provided this type of education, however, another dental hygienist/educator was currently recruited who provides support to MCH and conducts education to oral health clients.

It might be a worthwhile endeavor to discuss further whether the dental clinic is ideal to provide oral cancer screening since it is prevalent in Palau.

Cross-Cutting/Systems Building - Application Year

Cross cutting – Application Year 2024

Workforce capacity is such an integral part of the MCH program; however, workforce development is a huge endeavor with so many parts that it can become overwhelming. For this year, the program will draft a simple training plan, that outlines program staff and select partners (i.e., MCH physicians and nurses), and the type of training needed and attainable for the particular year. The program will coordinate and support the training for the year.

III.F. Public Input

Three categories of data collection activities were conducted to obtain insights for the MCH populations.

Secondary Data Source Analysis

Collection and analysis of the health status of women and children in Palau was conducted through a review of the most recent information by population domain. The programs gathered data source related to demographics of women, children, adolescents, and children and youth with special health care needs and other relevant data through existing reports. Health indicators were compiled and presented to community members in a variety of settings.

Community Input

A model presentation called "Community Engagement" was developed, reviewed and approved by the collaborative members and presented to the various communities in the Republic of Palau. This presentation encompasses common health issues that are present in the six health domains. The MCH Program along with the state ECCS team (members of the health promotion outreach team) conducted community outreach to a variety of communities within Palau to conduct the presentations and solicit input from community members. The presentations were complimented by a tri-fold brochure which highlights data and findings from the secondary data source analysis.

Providers Input

MCH Providers and other public health partners were partners in the needs assessment process. The MCH program through the annual FHU, Division of Primary End of year Conference provided an opportunity for providers to meet and share and exchange ideas on areas of greatest needs. This forum also provided an opportunity for staff to access and examine the program’s capacity to meet the needs of the MCH population. Staff indicated top needs based on the data reports and then a consensus was developed across all members. They were asked to primarily to consider whether the data indicated an area of need and whether the program had the capacity to address the need. A SWOT analysis was conducted to determine capacity issues that were common in all service areas of MCH.

Palau MCH Program aims in implementing quarterly presentations on summary reports and findings in clinics, conferences, and during other public health programs and community meetings.

III.G. Technical Assistance

The technical assistance that Palau receives are primarily from our national associates to improve program capacity in order to strengthen service delivery, policy making and implementations. In FY22 Palau received two technical assistance instances made available through HRSA Maternal and Child Health Bureau (MCHB). The first was focused on Performance Measurement Framework (PMF) and was provided virtually. The second one was TA on managing, reporting and allocating of federal and in-kind funds that support the MCH grant and services.

Although Palau has made revisions to our priority needs and measurements based on the TA, the need for a follow-up TA is requested especially considering the new recruitment to Palau's MCH team. With that said, technical assistance in navigating the EHB site is needed as well. Palau has struggled to kickstart death review committees to evaluate maternal and infant mortality deaths. Technical assistance with coordinating a review committee will also be requested. FHU will conduct an assessment on capacity building needs and request additional TA reflecting it.

IV. Title V-Medicaid IAA/MOU

The Title V-Medicaid IAA/MOU is uploaded as a PDF file to this section - IV. Title V Medicaid IAA-MOU.pdf

V. Supporting Documents

The following supporting documents have been provided to supplement the narrative discussion.

Supporting Document #01 - Needs Assessment Summary_2023.pdf

Supporting Document #02 - 22 Expenditures.pdf

Supporting Document #03 - 22-24 MCH Success Story.pdf

Supporting Document #04 - 22-24 Techincal Assistance.pdf

VI. Organizational Chart

The Organizational Chart is uploaded as a PDF file to this section - FHU Organizational Chart.pdf

VII. Appendix

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Form 2
MCH Budget/Expenditure Details

State: Palau

	FY 24 Application Budgeted	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 150,340	
A. Preventive and Primary Care for Children	$ 48,109	(32%)
B. Children with Special Health Care Needs	$ 49,612	(32.9%)
C. Title V Administrative Costs	$ 15,034	(10%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 112,755	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 185,124	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 185,124	
A. Your State's FY 1989 Maintenance of Effort Amount $ 0		
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 335,464	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.		
10. OTHER FEDERAL FUNDS(Subtotal of all funds under item 9)	$ 535,000	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 870,464	

OTHER FEDERAL FUNDS	FY 24 Application Budgeted
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 200,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 100,000

	FY 22 Annual Report Budgeted		FY 22 Annual Report Expended	
1. FEDERAL ALLOCATION (Referenced items on the Application Face Sheet [SF-424] apply only to the Application Year)	$ 147,000 (FY 22 Federal Award: $ 150,340)		$ 144,482	
A. Preventive and Primary Care for Children	$ 44,100	(30%)	$ 47,155	(32.6%)
B. Children with Special Health Care Needs	$ 44,100	(30%)	$ 49,244	(34%)
C. Title V Administrative Costs	$ 14,700	(10%)	$ 12,825	(8.9%)
2. Subtotal of Lines 1A-C (This subtotal does not include Pregnant Women and All Others)	$ 102,900		$ 109,224	
3. STATE MCH FUNDS (Item 18c of SF-424)	$ 120,000		$ 185,124	
4. LOCAL MCH FUNDS (Item 18d of SF-424)	$ 0		$ 0	
5. OTHER FUNDS (Item 18e of SF-424)	$ 0		$ 0	
6. PROGRAM INCOME (Item 18f of SF-424)	$ 0		$ 0	
7. TOTAL STATE MATCH (Lines 3 through 6)	$ 120,000		$ 185,124	
A. Your State's FY 1989 Maintenance of Effort Amount $ 0				
8. FEDERAL-STATE TITLE V BLOCK GRANT PARTNERSHIP SUBTOTAL (Total lines 1 and 7)	$ 267,000		$ 329,606	
9. OTHER FEDERAL FUNDS Please refer to the next page to view the list of Other Federal Programs provided by the State on Form 2.				
10. OTHER FEDERAL FUNDS (Subtotal of all funds under item 9)	$ 435,000		$ 459,212	
11. STATE MCH BUDGET/EXPENDITURE GRAND TOTAL (Partnership Subtotal + Other Federal MCH Funds Subtotal)	$ 702,000		$ 788,818	

OTHER FEDERAL FUNDS	FY 22 Annual Report Budgeted	FY 22 Annual Report Expended
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)	$ 50,000	$ 37,184
Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > Universal Newborn Hearing Screening and Intervention	$ 235,000	$ 241,767
Department of Health and Human Services (DHHS) > Office of Population Affairs (OPA) > Title X Family Planning	$ 150,000	$ 180,261

Form Notes for Form 2:

None

Field Level Notes for Form 2:

1.	**Field Name:**	**1.FEDERAL ALLOCATION**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: As of June 2023, Palau has expended about 96% of the total Federal Allocation, we have approximately $5,858 remaining balance.	
2.	**Field Name:**	**Federal Allocation, A. Preventive and Primary Care for Children:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: This group covers both children aged 1-21 years old and infants (less than 1 year old)	
3.	**Field Name:**	**Federal Allocation, B. Children with Special Health Care Needs:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: For the year 2022, we budgeted for 30.5% at $45,663.38 with an approved total budget of $149,716. Palau was then awared $150,340 and more funds were allocated to Children with Special Health Care Needs. For 2024 Budget, we put a 33% goal for this section as a safety measure; if we fall short a little bit, we would still hopefully be meeting the 30-30-10 requirement. Going over is no concern to us, so long as services for other domains aren't significantly affected.	
4.	**Field Name:**	**Federal Allocation, C. Title V Administrative Costs:**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: For 2022, we budgeted the max 10% of the then-approved total budget of $149,716 as a clear line for us to remember not to surpass. The approved budget increased to $150,340, however, we determined costs for administrative work was still well below the initial 10% goal cap. For 2024, we apply this methodology again with the 10% max goal as clear amount not to surpass.	
5.	**Field Name:**	**3. STATE MCH FUNDS**
	Fiscal Year:	**2022**

	Column Name:	**Annual Report Expended**
	Field Note: With the recent technical assistance provided by HRSA MCHB, consultant Cassie Lauver trained us in identifying state resources easily considered as matching funds that our program has missed over the years. We have been providing a larger amount than we have been reporting in the past submissions.	
6.	**Field Name:**	**Other Federal Funds, Department of Health and Human Services (DHHS) > Health Resources and Services Administration (HRSA) > State Systems Development Initiative (SSDI)**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: As of August 2023	

Data Alerts: None

Form 3a
Budget and Expenditure Details by Types of Individuals Served

State: Palau

I. TYPES OF INDIVIDUALS SERVED

IA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 22,551	$ 21,340
2. Infants < 1 year	$ 24,430	$ 24,099
3. Children 1 through 21 Years	$ 23,679	$ 23,056
4. CSHCN	$ 49,612	$ 49,244
5. All Others	$ 15,034	$ 13,918
Federal Total of Individuals Served	$ 135,306	$ 131,657

IB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Pregnant Women	$ 43,547	$ 43,547
2. Infants < 1 year	$ 21,968	$ 21,968
3. Children 1 through 21 Years	$ 21,968	$ 21,968
4. CSHCN	$ 43,937	$ 43,937
5. All Others	$ 43,547	$ 43,547
Non-Federal Total of Individuals Served	$ 174,967	$ 174,967
Federal State MCH Block Grant Partnership Total	$ 310,273	$ 306,624

Form Notes for Form 3a:

None

Field Level Notes for Form 3a:

1.	**Field Name:**	**IA. Federal MCH Block Grant, 1. Pregnant Women**
	Fiscal Year:	**2024**
	Column Name:	**Application Budgeted**
	Field Note: 15% percent of the budget, influenced by 2022 expenditures	
2.	**Field Name:**	**IA. Federal MCH Block Grant, 2. Infant < 1 Year**
	Fiscal Year:	**2024**
	Column Name:	**Application Budgeted**
	Field Note: This amount is calculated by adding both children and CSN amounts, and dividing by 4 (approximate age groups: infants, toddlers, adolescents, & young adults)	
3.	**Field Name:**	**IA. Federal MCH Block Grant, 3. Children 1 through 21 years**
	Fiscal Year:	**2024**
	Column Name:	**Application Budgeted**
	Field Note: This amount is CHILDREN - INFANTS < 1 Y.O.	
4.	**Field Name:**	**IA. Federal MCH Block Grant, 5. All Others**
	Fiscal Year:	**2024**
	Column Name:	**Application Budgeted**
	Field Note: In 2022, we expended about 9% for this group. We aim, for 2024, to spend 10%	
5.	**Field Name:**	**IA. Federal MCH Block Grant, 2. Infant < 1 Year**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: This amount is calculated by adding both children and CSN amounts, and dividing by 4 (approximate age groups: infants, toddlers, adolescents, & young adults)	
6.	**Field Name:**	**IA. Federal MCH Block Grant, 3. Children 1 through 21 years**
	Fiscal Year:	**2022**
	Column Name:	**Annual Report Expended**
	Field Note: This amount is CHILDREN - INFANTS < 1 Y.O.	

Data Alerts:

- Children 1 through 21 Years, Application Budgeted does not equal Form 2, Line 1A, Preventive and Primary Care for Children Application Budgeted. A field-level note indicating the reason for the discrepancy was provided.
- Children 1 through 21 Years, Annual Report Expended does not equal Form 2, Line 1A, Preventive and Primary Care for Children, Annual Report Expended. A field - level note indicating the reason for the discrepancy was provided.

Form 3b
Budget and Expenditure Details by Types of Services

State: Palau

II. TYPES OF SERVICES

IIA. Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 55,626	$ 56,215
3. Public Health Services and Systems	$ 94,714	$ 88,267
4. Select the types of Federally-supported "Direct Services", as reported in II.A.1. Provide the total amount of Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 0
Federal Total	$ 150,340	$ 144,482

IIB. Non-Federal MCH Block Grant	FY 24 Application Budgeted	FY 22 Annual Report Expended
1. Direct Services	$ 0	$ 0
A. Preventive and Primary Care Services for all Pregnant Women, Mothers, and Infants up to Age One	$ 0	$ 0
B. Preventive and Primary Care Services for Children	$ 0	$ 0
C. Services for CSHCN	$ 0	$ 0
2. Enabling Services	$ 174,625	$ 174,625
3. Public Health Services and Systems	$ 10,499	$ 10,499
4. Select the types of Non-Federally-supported "Direct Services", as reported in II.B.1. Provide the total amount of Non-Federal MCH Block Grant funds expended for each type of reported service		
Pharmacy		$ 0
Physician/Office Services		$ 0
Hospital Charges (Includes Inpatient and Outpatient Services)		$ 0
Dental Care (Does Not Include Orthodontic Services)		$ 0
Durable Medical Equipment and Supplies		$ 0
Laboratory Services		$ 0
Direct Services Line 4 Expended Total		$ 0
Non-Federal Total	$ 185,124	$ 185,124

Form Notes for Form 3b:

None

Field Level Notes for Form 3b:

None

Form 4
Number and Percentage of Newborns and Others Screened Cases Confirmed and Treated

State: Palau

Total Births by Occurrence: 157 **Data Source Year: 2022**

1. Core RUSP Conditions

Program Name	(A) Aggregate Total Number Receiving at Least One Valid Screen	(B) Aggregate Total Number of Out-of-Range Results	(C) Aggregate Total Number Confirmed Cases	(D) Aggregate Total Number Referred for Treatment
Core RUSP Conditions	155 (98.7%)	1	0	0

Program Name(s)
Hearing Loss

2. Other Newborn Screening Tests

None

3. Screening Programs for Older Children & Women

Program Name	(A) Total Number Receiving at Least One Screen	(B) Total Number Presumptive Positive Screens	(C) Total Number Confirmed Cases	(D) Total Number Referred for Treatment
BMI Screening for school children	1,053	422	281	155
Vision Screening for school children	1,024	396	276	213
Hearing Screening for school children	1,048	116	95	54
OAE Screening for 1st & 3rd Grade Students	365	82	75	53
Bullying screening for school children	1,046	52	31	22
Dental Screening for School Children	1,050	285	231	182
Hypertension screening for school children	1,050	29	10	8
Depression Screening for Pregnant Women	66	8	8	6
Post-Partum Depression Screening	63	9	9	4

4. Long-Term Follow-Up

Infants and children with confirmed diagnoses are often included in the High-Risk List or Children with Special Health Care Needs list and are tracked beyond follow-up and referral. MCH providers ensure that these children are prioritized and receive specialty services.

Form Notes for Form 4:

Currently no genetic screening due to the unavailability of the laboratory to conduct testing. Palau continues to seek regional support and collaborations to enable a small volume of specimens.

Field Level Notes for Form 4:

1.	**Field Name:**	**Total Births by Occurrence**
	Fiscal Year:	**2022**
	Column Name:	**Total Births by Occurrence Notes**
	Field Note: Palau experienced the lowest number of births in 2022. There were two fetal deaths out of the 157 births.	
2.	**Field Name:**	**Core RUSP Conditions - Total Number of Out-of-Range Results**
	Fiscal Year:	**2022**
	Column Name:	**Core RUSP Conditions**
	Field Note: There was one infant that failed the newborn hearing screening. Without an audiologist on the island, the program had to wait for Tripler to confirm its availability to provide specialty clinics. Earlier this year, visiting specialists were able to assess the infant and clear from hearing loss.	
3.	**Field Name:**	**BMI Screening for school children - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: The school health program continues to monitor children with health conditions and follow through with their referrals. Parents often inform the program that they have opted to refer their child to a private provider. Other children referred do not meet their appointments.	
4.	**Field Name:**	**Vision Screening for school children - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: The school health program continues to monitor children with health conditions and follow through with their referrals. Parents often inform the program that they have opted to refer their child to a private provider. Other children referred do not meet their appointments.	
5.	**Field Name:**	**Hearing Screening for school children - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**

	Field Note: Without an audiologist on the island, the program continues to screen, monitor, and ensure that children who fail hearing screening are tracked and scheduled for a follow-up visit with visiting specialist.	
6.	**Field Name:**	**OAE Screening for 1st & 3rd Grade Students - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: Without an audiologist on the island, the program continues to screen, monitor, and ensure that children who fail hearing screening are tracked and scheduled for a follow-up visit with visiting specialist.	
7.	**Field Name:**	**Bullying screening for school children - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: Children identified with confirmed cases of bullying are referred to the school health program for further assessment and referral to behavioral health services.	
8.	**Field Name:**	**Dental Screening for School Children - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: In 2022, no dental hygienist was assigned to the school health screening team due to the limited number of staff to provide overall services at the clinic. The pediatrician did an initial assessment and referred children with oral health conditions to the clinic.	
9.	**Field Name:**	**Hypertension screening for school children - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: Children identified with Pre-HTN, Stage 1 and 2 HTN, are included in the high-risk list and are monitored and tracked by the MCH providers.	
10.	**Field Name:**	**Depression Screening for Pregnant Women - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**

	Field Note: A total of 66 pregnant women completed the Prenatal Psychosocial Needs Assessment Survey. Eight were identified with depression and were referred for further assessment, treatment, and counseling with the behavioral health provider. Two of the women referred did not show up for their appointment.	
11.	**Field Name:**	**Post-Partum Depression Screening - Total Number Confirmed Cases**
	Fiscal Year:	**2022**
	Column Name:	**Other Newborn**
	Field Note: Nine of the 63 women who completed the Post-Partum Psychosocial Needs Assessment survey were identified with depression. Only four made their appointment.	

Data Alerts: None

Form 5
Count of Individuals Served by Title V & Total Percentage of Populations Served by Title V

State: Palau

Annual Report Year 2022

Form 5a – Count of Individuals Served by Title V (Direct & Enabling Services Only)

		Primary Source of Coverage				
Types Of Individuals Served	(A) Title V Total Served	(B) Title XIX %	(C) Title XXI %	(D) Private / Other %	(E) None %	(F) Unknown %
1. Pregnant Women	157	0.0	0.0	0.0	100.0	0.0
2. Infants < 1 Year of Age	158	0.0	0.0	0.0	100.0	0.0
3. Children 1 through 21 Years of Age	3,943	0.0	0.0	0.0	100.0	0.0
3a. Children with Special Health Care Needs 0 through 21 years of age^	132	0.0	0.0	0.0	100.0	0.0
4. Others	5,284	0.0	0.0	0.0	85.0	15.0
Total	9,542					

Form 5b – Total Percentage of Populations Served by Title V (Direct, Enabling, and Public Health Services and Systems)

Populations Served by Title V	Reference Data	Used Reference Data?	Denominator	Total % Served	Form 5b Count (Calculated)	Form 5a Count
1. Pregnant Women	248	Yes	248	67.0	166	157
2. Infants < 1 Year of Age	243	Yes	243	70.0	170	158
3. Children 1 through 21 Years of Age	5,952	Yes	5,952	80.0	4,762	3,943
3a. Children with Special Health Care Needs 0 through 21 years of age^	229	Yes	229	80.0	183	132
4. Others	15,418	Yes	15,418	45.0	6,938	5,284

^Represents a subset of all infants and children.

Form Notes for Form 5:

None

Field Level Notes for Form 5a:

1.	**Field Name:**	**Pregnant Women Total Served**
	Fiscal Year:	**2022**
	Field Note: All pregnant women giving birth in Palau must complete booking requirements at the MCH clinic before delivery. Pregnant women seen at the private clinic are referred to the Public Health Clinic before delivery.	
2.	**Field Name:**	**Infants Less Than One YearTotal Served**
	Fiscal Year:	**2022**
	Field Note: There were 158 infants <1 year of age served in 2022 by the program. Services include immunization, newborn hearing screening, well-baby services, etc.	
3.	**Field Name:**	**Children 1 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: The program served about 3,943 children 1 through 21 years old in 2022. Services include immunization, hearing, and eye exams, etc. Public Health Clinics are the only sites administering vaccinations to children and adolescents.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age**
	Fiscal Year:	**2022**
	Field Note: About 132 children with special health care needs were served by the program. Children with special health care needs are included in the high-risk registry. Nurses often follow up on annual appointments with dedicated clinic hours to provide comprehensive services for this population. Other services include home health visits for children with special health care needs.	
5.	**Field Name:**	**Others**
	Fiscal Year:	**2022**
	Field Note: Other services include well-women visits, breast and cervical cancer screening, NCD clinics, male health clinics, and family planning services.	

Field Level Notes for Form 5b:

1.	**Field Name:**	**Pregnant Women Total % Served**
	Fiscal Year:	**2022**
	Field Note: The Palau MCH program served 67% of pregnant women in 2022. All pregnant women must come to the MCH clinic for booking before delivery to ensure that all required testing and ANC services are provided.	
2.	**Field Name:**	**Infants Less Than One Year Total % Served**
	Fiscal Year:	**2022**
	Field Note: There is only one public hospital in Palau that provides delivery. All pregnant women in Palau are required to book with the MCH clinic before delivery.	
3.	**Field Name:**	**Children 1 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: About 80% of infants < 1 year old received services through the MCH program. The immunization program in Palau is the only one that administers vaccines for children; other services are provided at private clinics.	
4.	**Field Name:**	**Children with Special Health Care Needs 0 through 21 Years of Age Total % Served**
	Fiscal Year:	**2022**
	Field Note: About 80% of children 1 through 21 received were served by the program. Services provided include high-risk clinics.	
5.	**Field Name:**	**Others Total % Served**
	Fiscal Year:	**2022**
	Field Note: Other services include well-women visits, male health clinics, and family planning services.	

Data Alerts:

1.	Pregnant Women, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.
2.	Infants Less Than One Year, Form 5a Count is greater than or equal to 90% of the Form 5b Count (calculated). Please check that population based services have been included in the 5b Count and not in the 5a Count.

Form 6
Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX

State: Palau

Annual Report Year 2022

I. Unduplicated Count by Race/Ethnicity

	(A) Total	(B) Non-Hispanic White	(C) Non-Hispanic Black or African American	(D) Hispanic	(E) Non-Hispanic American Indian or Native Alaskan	(F) Non-Hispanic Asian	(G) Non-Hispanic Native Hawaiian or Other Pacific Islander	(H) Non-Hispanic Multiple Race	(I) Other & Unknown
1. Total Deliveries in State	157	1	0	0	0	21	135	0	0
Title V Served	157	1	0	0	0	21	135	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0
2. Total Infants in State	155	1	0	0	0	21	133	0	0
Title V Served	155	1	0	0	0	21	133	0	0
Eligible for Title XIX	0	0	0	0	0	0	0	0	0

Form Notes for Form 6:

There were 157 deliveries in 2022, with two fetal deaths reported. There's only one hospital in Palau, and all pregnant women must complete a booking at the MCH clinic before delivery. Although other women receive prenatal services from a private clinic, the MCH clinic ensures all pregnant women have completed all necessary tests before delivery.

Field Level Notes for Form 6:

None

Form 7
State MCH Toll-Free Telephone Line and Other Appropriate Methods Data

State: Palau

Toll-Free numbers are not available to all jurisdictions.

A. State MCH Toll-Free Telephone Lines	2024 Application Year	2022 Annual Report Year
1. State MCH Toll-Free "Hotline" Telephone Number		
2. State MCH Toll-Free "Hotline" Name		
3. Name of Contact Person for State MCH "Hotline"		
4. Contact Person's Telephone Number		
5. Number of Calls Received on the State MCH "Hotline"		

B. Other Appropriate Methods	2024 Application Year	2022 Annual Report Year
1. Other Toll-Free "Hotline" Names	680-488-2172	680-488-2172
2. Number of Calls on Other Toll-Free "Hotlines"		0
3. State Title V Program Website Address	www.palaufhu.com	www.palaufhu.com
4. Number of Hits to the State Title V Program Website		0
5. State Title V Social Media Websites	MHHS Family Health Unit	MHHS Family Health Unit
6. Number of Hits to the State Title V Program Social Media Websites		743

Form Notes for Form 7:

The program recently launched its website and is currently working to enhance it.

Form 8
State MCH and CSHCN Directors Contact Information

State: Palau

1. Title V Maternal and Child Health (MCH) Director	
Name	Edolem Ikerdeu
Title	Chief, Division of Primary and Preventive Health
Address 1	One Hospital Road
Address 2	PO Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4804
Extension	
Email	edolem.ikerdeu@palauhealth.org

2. Title V Children with Special Health Care Needs (CSHCN) Director	
Name	Mindy Sugiyama
Title	Epidemiologist/Evaluator
Address 1	One Hospital Road
Address 2	PO Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-4804
Extension	
Email	mindy.sugiyama@palauhealth.org

3. State Family Leader (Optional)	
Name	Rosalynn Florendo
Title	State Family Leader
Address 1	One Hospital Road
Address 2	PO Box 6027
City/State/Zip	Koror / PW / 96940
Telephone	(680) 488-2434
Extension	
Email	osalynnflorendo@palaumoe.net

4. State Youth Leader (Optional)	
Name	
Title	
Address 1	
Address 2	
City/State/Zip	
Telephone	
Extension	
Email	

Form Notes for Form 8:

None

Form 9
List of MCH Priority Needs

State: Palau

Application Year 2024

No.	Priority Need
1.	Well-Woman
2.	Child and Adolescent Immunization
3.	Substance Use Among Youth
4.	Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention
5.	Systems improvement for MCH and CSHCN
6.	Youth sexual health
7.	Childhood Obesity
8.	Improved Birth Outcomes and Child/Adolescent Health
9.	Oral Health for Pregnant Women and Children

Form Notes for Form 9:

None

Field Level Notes for Form 9:

None

Form 9 State Priorities – Needs Assessment Year – Application Year 2021

No.	Priority Need	Priority Need Type (New, Revised or Continued Priority Need for this five-year reporting period)
1.	Prenatal Care	Continued
2.	Childhood Immunization	Continued
3.	Substance Use Among Youth	New
4.	Mental health among pregnant women, children, and adolescents including but not limited to suicide prevention	New
5.	Improve systems of care for children with special health care needs	Continued
6.	Youth sexual health	New
7.	Childhood Obesity	Continued
8.	Breastfeeding and Safe-Sleep	Continued
9.	Oral Health for Pregnant Women and Children	New

Form 10
National Outcome Measures (NOMs)

State: Palau

Form Notes for Form 10 NPMs, NOMs, SPMs, SOMs, and ESMs.

NOM 1 - Percent of pregnant women who receive prenatal care beginning in the first trimester

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	49.7
Numerator	77
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 1 - Notes:

50% of females delivering a live birth received prenatal care beginning in the first trimester in 2022. About 37% received prenatal care in the second trimester, and 8% received care in the 3rd trimester. About 5% did not receive any prenatal care.

Data Alerts: None

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	3,333.3
Numerator	4
Denominator	12
Data Source	HIS
Data Source Year	2022

NOM 2 - Notes:

There were 4 out of 12 delivery hospitalization in 2022.

Data Alerts: None

NOM 3 - Maternal mortality rate per 100,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	HIS/Death Registry
Data Source Year	2022

NOM 3 - Notes:

The last maternal mortality reported in Palau was in 2019.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 3. Please review your data to ensure this is correct.

NOM 4 - Percent of low birth weight deliveries (<2,500 grams)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	8.5 %	1.9 %	373	4,362
2019	17.3 %	3.2 %	755	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	7.7
Numerator	12
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 4 - Notes:

The percentage of infants born at the low birth weight (LBW) of <2,500 grams in 2022 was 8%. The average birth weight of infants born in 2022 was 3,109 grams (6.85 lbs).

Data Alerts: None

NOM 5 - Percent of preterm births (<37 weeks)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	16.5 %	2.6 %	722	4,362
2019	23.4 %	3.8 %	1,019	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	11.0
Numerator	17
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 5 - Notes:

In 2022, Palau had 17 preterm births of <37 weeks gestation, representing 11% of live births.

Data Alerts: None

NOM 6 - Percent of early term births (37, 38 weeks)

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	52.3
Numerator	81
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 6 - Notes:

Early-term birth of 37-38 weeks' gestation in 2022 accounted for more than half of the total live births.

Data Alerts: None

NOM 7 - Percent of non-medically indicated early elective deliveries

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	21.0
Numerator	17
Denominator	81
Data Source	Birth Registry
Data Source Year	2022

NOM 7 - Notes:

21% of women who gave birth in 2022 had a cesarean delivery. The program conducted medical chart audits to ensure proper documentation of all Cesaran deliveries.

Data Alerts: None

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	6.4
Numerator	1
Denominator	157
Data Source	Birth Registry
Data Source Year	2022

NOM 8 - Notes:

The 2022 fetal mortality rate at 28 or more weeks' gestation was 6.4 per 1,000 live births plus fetal deaths. The 5-year funning average from 2018-2022 is 16.1.

Data Alerts: None

NOM 9.1 - Infant mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	15.1		4	
2020	15.7		4	
2019	15.8		4	
2018	16.6		4	
2017	17.1		4	
2016	17.7		4	
2015	18.3		5	
2014	18.9		5	
2013	19.4		5	
2012	20.1		5	
2011	20.7		5	
2010	21.3		5	
2009	21.9		6	

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 9.1 - Notes:

Palau has seen an increase in infant and fetal mortality rates in the past ten years. The infant mortality rate was 0.0 in 2022. The 5-year running average remains high at 15.1 per 1,000 live births.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.1. Please review your data to ensure this is correct.

NOM 9.2 - Neonatal mortality rate per 1,000 live births

Data Source: National Vital Statistics System (NVSS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	8.5		2	
2020	8.9		2	
2019	9.4		2	
2018	9.4		2	
2017	9.7		2	
2016	10.1		2	
2015	10.4		3	
2014	10.8		3	
2013	11.2		3	
2012	11.6		3	
2011	11.9		3	
2010	12.2		3	
2009	12.6		3	

Legends:

Indicator has a numerator <10 and is not reportable

Indicator has a numerator <20 and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 9.2 - Notes:

There were 0 neonatal deaths of less than 28 days in 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.2. Please review your data to ensure this is correct.

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 9.3 - Notes:

There was 0 post neonatal death in 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.3. Please review your data to ensure this is correct.

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 9.4 - Notes:

There were 0 pre-term related mortality in 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.4. Please review your data to ensure this is correct.

NOM 9.5 - Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 9.5 - Notes:

No SUID-related deaths were reported in 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 9.5. Please review your data to ensure this is correct.

NOM 10 - Percent of women who drink alcohol in the last 3 months of pregnancy

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	Birth Registry
Data Source Year	2022

NOM 10 - Notes:

No reports of fetal alcohol exposure for infants in Palau in 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 10. Please review your data to ensure this is correct.

NOM 11 - Rate of neonatal abstinence syndrome per 1,000 birth hospitalizations

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	155
Data Source	HIS
Data Source Year	2022

NOM 11 - Notes:

No reports of neonatal abstinence syndrome for infants in Palau in 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 11. Please review your data to ensure this is correct.

NOM 12 - Percent of eligible newborns screened for heritable disorders with on time physician notification for out of range screens who are followed up in a timely manner. (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 12 - Notes:

None

Data Alerts: None

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

Federally available Data (FAD) for this measure is not available/reportable.

NOM 13 - Notes:

None

Data Alerts: None

NOM 14 - Percent of children, ages 1 through 17, who have decayed teeth or cavities in the past year

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	5.5 %	1.6 %	228	4,108
2019	21.3 %	3.4 %	885	4,158

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 14 - Notes:

None

Data Alerts: None

NOM 15 - Child Mortality rate, ages 1 through 9, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	1,976
Data Source	HIS
Data Source Year	2022

NOM 15 - Notes:

No deaths for children ages 1 through 9 in Palau for 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 15. Please review your data to ensure this is correct.

NOM 16.1 - Adolescent mortality rate ages 10 through 19, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	88.9
Numerator	2
Denominator	2,249
Data Source	HIS
Data Source Year	2022

NOM 16.1 - Notes:

There were (2) adolescent mortality reported in 2022 (Suicide).

Data Alerts: None

NOM 16.2 - Adolescent motor vehicle mortality rate, ages 15 through 19, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	0.0
Numerator	0
Denominator	1,045
Data Source	HIS
Data Source Year	2022

NOM 16.2 - Notes:

No motor vehicle deaths for ages 15 through 19 in Palau for 2022.

Data Alerts:

1.	A value of zero has been entered for the numerator in NOM 16.2. Please review your data to ensure this is correct.

NOM 16.3 - Adolescent suicide rate, ages 15 through 19, per 100,000

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	191.4
Numerator	2
Denominator	1,045
Data Source	HIS
Data Source Year	2022

NOM 16.3 - Notes:

2 suicide deaths for ages 15 through 19 in Palau for 2022.

Data Alerts: None

NOM 17.1 - Percent of children with special health care needs (CSHCN), ages 0 through 17

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.7 % ϟ	1.2 % ϟ	160 ϟ	4,362 ϟ
2019	8.4 %	1.9 %	367	4,362

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	4.1
Numerator	189
Denominator	4,562
Data Source	CSN Survey
Data Source Year	2020

NOM 17.1 - Notes:

189 or 4% of Palau's children and youth between 0-17 were identified with special health care needs. The program scheduled the next round of CSN surveys in July of this year.

Data Alerts: None

NOM 17.2 - Percent of children with special health care needs (CSHCN), ages 0 through 17, who receive care in a well-functioning system

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend				
Year	**Annual Indicator**	**Standard Error**	**Numerator**	**Denominator**
2021	3.9 %	3.9 %	6	160
2019	1.7 %	1.7 %	6	367

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	80.4
Numerator	152
Denominator	189
Data Source	CSN Survey
Data Source Year	2020

NOM 17.2 - Notes:

Based on the CYSHCN Survey for 2020, 80% of children with special health care needs receive care in a well-functioning system.

Data Alerts: None

NOM 17.3 - Percent of children, ages 3 through 17, diagnosed with an autism spectrum disorder

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	0.2 %	0.2 %	7	3,565
2019	0.3 %	0.3 %	12	3,640

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	0.1
Numerator	2
Denominator	3,808
Data Source	HIS
Data Source Year	2022

NOM 17.3 - Notes:

In 2022, there were two (2) children between the ages of 3 - 17 diagnosed with Autism Spectrum Disorder. They were enrolled in the SPED program and listed in the High-Risk clinic for routine visits and monitoring.

Data Alerts: None

NOM 17.4 - Percent of children, ages 3 through 17, diagnosed with Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (ADD/ADHD)

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	0.5 %	0.5 %	19	3,565
2019	1.1 %	0.9 %	39	3,640

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data

	2022
Annual Indicator	0.1
Numerator	4
Denominator	3,808
Data Source	HIS
Data Source Year	2022

NOM 17.4 - Notes:

Less than 1% of children ages 3-17 were diagnosed with ADD/ADHD in 2022.

Data Alerts: None

NOM 18 - Percent of children, ages 3 through 17, with a mental/behavioral condition who receive treatment or counseling

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	0 %	0	0	93
2019	0 %	0	0	25

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 18 - Notes:

None

Data Alerts: None

NOM 19 - Percent of children, ages 0 through 17, in excellent or very good health

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	77.2 %	2.9 %	3,367	4,362
2019	76.3 %	3.2 %	3,330	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 19 - Notes:

None

Data Alerts: None

NOM 20 - Percent of children, ages 2 through 4, and adolescents, ages 10 through 17, who are obese (BMI at or above the 95th percentile)

Data Source: Youth Risk Behavior Surveillance System (YRBSS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	15.8 %	0.9 %	82	521
2015	14.1 %	0.1 %	76	537
2011	12.0 %	0.8 %	75	626
2009	11.6 %	0.6 %	66	563
2007	10.9 %	0.4 %	79	726
2005	10.1 %	0.3 %	62	616

Legends:

Indicator has an unweighted denominator <100 and is not reportable

Indicator has a confidence interval width >20% points or >1.2 times the estimate and should be interpreted with caution

Data Source: MCH Jurisdictional Survey (MCH-JS) - Age 10-17

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	14.3 %	3.6 %	277	1,943
2019	21.5 %	5.1 %	418	1,943

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

State Provided Data	
	2022
Annual Indicator	40.1
Numerator	422
Denominator	1,053
Data Source	School Health Screening
Data Source Year	2022

NOM 20 - Notes:

About 40% of the students were overweight or obese >=85th %ile. Male students were more likely to be overweight or obese than female students.

Data Alerts: None

NOM 21 - Percent of children, ages 0 through 17, without health insurance

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	3.4 % ϟ	1.3 % ϟ	147 ϟ	4,362 ϟ
2019	8.8 %	2.3 %	385	4,362

Legends:

ϟ Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 21 - Notes:

None

Data Alerts: None

NOM 22.1 - Percent of children who have completed the combined 7-vaccine series (4:3:1:3*:3:1:4) by age 24 months

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	76.0
Numerator	409
Denominator	538
Data Source	WebIZ
Data Source Year	2022

NOM 22.1 - Notes:

About 76% of children ages 19 through 35 months completed the 4:3:1:3(4):3:1:4 combined series of vaccines.

Data Alerts: None

NOM 22.2 - Percent of children, ages 6 months through 17 years, who are vaccinated annually against seasonal influenza

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	14.7
Numerator	701
Denominator	4,760
Data Source	WebIZ
Data Source Year	2022

NOM 22.2 - Notes:

About 15% of children between the ages of 6 months through 17 years were vaccinated against seasonal influenza in 2022.

Data Alerts: None

NOM 22.3 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the HPV vaccine

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	31.4
Numerator	485
Denominator	1,547
Data Source	WebIZ
Data Source Year	2022

NOM 22.3 - Notes:

About 31% of adolescents between the ages of 13 through 17 received at least one dose of HPV vaccine in 2022.

Data Alerts: None

NOM 22.4 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the Tdap vaccine

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	90.4
Numerator	1,398
Denominator	1,547
Data Source	WEBIZ
Data Source Year	2022

NOM 22.4 - Notes:

About 90% of adolescents between the ages of 13 through 17 received at least 1 dose of the Tdap vaccine in 2022.

Data Alerts: None

NOM 22.5 - Percent of adolescents, ages 13 through 17, who have received at least one dose of the meningococcal conjugate vaccine

Federally available Data (FAD) for this measure is not available/reportable.

NOM 22.5 - Notes:

Palau does not administer meningococcal conjugate vaccines due to transportation issues with maintaining the appropriate temperature for the vaccine's cold chain requirements.

Data Alerts:

1.	Data has not been entered for NOM 22.5. This outcome measure is linked to the selected NPM 10,. Please add a field level note to explain when and how data will be available for tracking this outcome measure.

NOM 23 - Teen birth rate, ages 15 through 19, per 1,000 females

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	15.7
Numerator	8
Denominator	508
Data Source	HIS/Birth Registry
Data Source Year	2022

NOM 23 - Notes:

The teen birth rate in Palau in 2022 was 15.7 per 1,000 women ages 15 to 19 years old.

Data Alerts: None

NOM 24 - Percent of women who experience postpartum depressive symptoms following a recent live birth

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data	
	2022
Annual Indicator	5.7
Numerator	9
Denominator	157
Data Source	PPNA
Data Source Year	2022

NOM 24 - Notes:

Palau's Postnatal Psychosocial Needs Assessment shows that about 6% of women experienced postpartum depression in 2022. Only four (4) met their appointment/referral for further assessment, counseling, and treatment.

Data Alerts: None

NOM 25 - Percent of children, ages 0 through 17, who were unable to obtain needed health care in the past year

Data Source: MCH Jurisdictional Survey (MCH-JS)

Multi-Year Trend

Year	Annual Indicator	Standard Error	Numerator	Denominator
2021	2.0 %	1.0 %	89	4,362
2019	3.8 %	1.5 %	168	4,362

Legends:

Indicator has a confidence interval width >20% or >1.2 times the estimate and should be interpreted with caution

NOM 25 - Notes:

None

Data Alerts: None

Form 10
National Performance Measures (NPMs)

State: Palau

NPM 1 - Percent of women, ages 18 through 44, with a preventive medical visit in the past year

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective		62	35	37
Annual Indicator	59.1	59.1	58.8	58.8
Numerator	1,318	1,318	1,467	1,467
Denominator	2,229	2,229	2,496	2,496
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	40	42	62	35	37
Annual Indicator	42.4		35.8	34	
Numerator	1,342		1,513	1,479	
Denominator	3,163		4,229	4,355	
Data Source	Public Health Information System		PHIS	PHIS	
Data Source Year	2018		2020	2021	
Provisional or Final ?	Final		Provisional	Final	

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	39.0	41.0	43.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 42.4% of women between the ages of 18-44 received a preventive medical visit in 2018. These services include but are not limited to blood pressure and glucose checks; BMI; STI & HIV screening; breast & cervical cancer screening; oral health; ATOD and cessation services.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 34% of women between the ages of 18-44 received a preventive medical visit in 2021. These services include but are not limited to blood pressure and glucose checks; BMI; STI & HIV screening; healthy diet & activity counseling, breast & cervical cancer screening; family planning, oral health; ATOD, and cessation services.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 38% of women aged 18-44 received preventive medical visits in 2022. These services include but are not limited to blood pressure and glucose checks; BMI; STI & HIV screening; breast & cervical cancer screening; oral health; ATOD and cessation services. Note: Change in denominator reflects the 2020 Census Data	

NPM 5A - Percent of infants placed to sleep on their backs

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			60	60
Annual Indicator	58.6	58.6	66.5	66.5
Numerator	120	120	169	169
Denominator	204	204	254	254
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			60	60
Annual Indicator				88.9
Numerator				56
Denominator				63
Data Source				PPRASS
Data Source Year				2022
Provisional or Final ?				Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	90.0	95.0	95.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, about 89% of women placed their infants to sleep on their backs. 10% said they either placed them on their back or side. And about 1% said they placed them on their stomach or chest.

NPM 5B - Percent of infants placed to sleep on a separate approved sleep surface

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	55
Annual Indicator	0	47.9	86.3	88.9
Numerator	0	102	44	56
Denominator	213	213	51	63
Data Source	PPRASS	PPRASS	PPRASS	PPRASS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Provisional	Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	90.0	95.0	95.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data not available at this time. New surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 48% of infants were placed to sleep on a separate approved sleep surface.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: Due to COVID-19, there were only a few respondents for the PPRASS Survey. About 86% of women placed their infants to sleep on their backs. 13% said they either placed them on their back or side. And about 5% said they placed them on their stomach or chest.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, about 89% of women rested their infants on their backs. 10% said they either placed them on their back or side. And about 1% said they put them on their stomach or chest. Safe sleep education is provided during prenatal and after delivery before the mother is discharged. PPRASS question prompts encompass all related safe sleep practices.	

NPM 5C - Percent of infants placed to sleep without soft objects or loose bedding

Federally available Data (FAD) for this measure is not available/reportable.

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	55
Annual Indicator	0	47.9	86.3	88.9
Numerator	0	102	44	56
Denominator	213	213	51	63
Data Source	PPRASS	PPRASS	PPRASS	PPRASS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Provisional	Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	90.0	95.0	95.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data not available at this time. New surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 48% of moms said they placed their infant to sleep without soft objects or loose bedding in 2020.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: About 86% of moms that completed the PPRASS Survey said they placed their infant to sleep without soft objects or loose bedding in 2021.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, about 89% of women rested their infants on their backs. 10% said they either placed them on their back or side. And about 1% said they put them on their stomach or chest. Safe sleep education is provided during prenatal and after delivery before the mother is discharged. PPRASS prompts encompass all related safe sleep practices.	

NPM 6 - Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			40.5	65
Annual Indicator	40.3	40.3	12.8	12.8
Numerator	223	223	85	85
Denominator	554	554	666	666
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			40.5	65
Annual Indicator			64.2	41.1
Numerator			485	250
Denominator			755	609
Data Source			ASQ Database	ASQ Database
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
2023	**2024**	**2025**	
Annual Objective	67.0	69.0	72.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: In 2021, 64% of children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool (ASQ2).	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: In 2022, 41% of children, ages 9 through 35 months, received a developmental screening using a parent-completed screening tool (ASQ2).	

NPM 11 - Percent of children with and without special health care needs, ages 0 through 17, who have a medical home - Children with Special Health Care Needs

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS) - CSHCN				
	2019	**2020**	**2021**	**2022**
Annual Objective	86	70	72	74
Annual Indicator	22.0	22.0	54.2	54.2
Numerator	81	81	86	86
Denominator	367	367	160	160
Data Source	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN	MCH-JS-CSHCN
Data Source Year	2019	2019	2021	2021

State Provided Data					
	2018	**2019**	**2020**	**2021**	**2022**
Annual Objective	85	86	70	72	74
Annual Indicator	82.1			76.9	76.9
Numerator	133			130	130
Denominator	162			169	169
Data Source	Children With Special Health Care Needs Survey			Children With Special Health Care Needs Survey	Children With Special Health Care Needs Survey
Data Source Year	2017			2020	2020
Provisional or Final ?	Final			Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	76.0	78.0	80.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: About 82% of CSHCN have a medical home based on the 2017 CSHCN survey.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: About 77% of CSHCNs have a medical home, based on the 2020 CSHCN survey.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: About 77% of CSHCNs have a medical home, based on the 2020 CSHCN survey. Due to COVID-19, the program could not implement the survey in 2022. Plans are in place to roll-out the survey this year in September.	

NPM 13.1 - Percent of women who had a preventive dental visit during pregnancy

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			30	32
Annual Indicator	31.8	31.8	29.6	29.6
Numerator	974	974	931	931
Denominator	3,062	3,062	3,142	3,142
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			30	32
Annual Indicator				25.8
Numerator				16
Denominator				62
Data Source				PPRASS
Data Source Year				2022
Provisional or Final ?				Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	34.0	36.0	38.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, 35% of pregnant women who participated in the PPRASS survey said they had a dental exam and or cleaned their teeth 12 months before pregnancy; 70% received a dental exam as part of their first prenatal care, and 26% received dental care as a result of prenatal care dental exam.

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Child Health

Federally Available Data				
Data Source: MCH Jurisdictional Survey (MCH-JS)				
	2019	**2020**	**2021**	**2022**
Annual Objective			50	60
Annual Indicator	57.0	57.0	36.1	36.1
Numerator	2,369	2,369	1,484	1,484
Denominator	4,158	4,158	4,108	4,108
Data Source	MCH-JS	MCH-JS	MCH-JS	MCH-JS
Data Source Year	2019	2019	2021	2021

Annual Objectives			
2023	**2024**	**2025**
Annual Objective	65.0	65.0	70.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, no dental hygienist was assigned to the school health screening team due to the limited number of staff to provide overall services at the clinic. The pediatrician did an initial assessment and referred children with oral health conditions to the clinic.

NPM 13.2 - Percent of children, ages 1 through 17, who had a preventive dental visit in the past year - Adolescent Health

Annual Objectives			
	2023	2024	2025
Annual Objective	54.0	55.0	60.0

Field Level Notes for Form 10 NPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
In 2022, no dental hygienist was assigned to the school health screening team due to the limited number of staff to provide overall services at the clinic. The pediatrician did an initial assessment and referred children with oral health conditions to the clinic.

Form 10
State Performance Measures (SPMs)

State: Palau

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)

Measure Status:	Active			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			75	80
Annual Indicator	43.1	82.2	78.7	76.9
Numerator	453	970	967	807
Denominator	1,052	1,180	1,229	1,049
Data Source	School Health Screening	School Health Screening	School Health Screening	School Health Screening
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	80.0	82.0	82.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**

Field Note:
About 73% of children and adolescents reported at least 60 min of physical activity per day for less than 6 days; 9% reported physical activity in all 7 days, and nearly 18% of children and adolescents said they did not participate in any physical activity.

2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**

Field Note:
About 65% of children and adolescents reported at least 60 min of physical activity per day for less than 6 days; 14% reported physical activity in all 7 days, and nearly 21% of children and adolescents said they did not participate in any physical activity.

3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
About 76.9% of children and adolescents reported at least 60 min of physical activity per day for less than six days; 8% reported physical activity on all seven days, and nearly 23% said they did not participate in any physical activity.

Although participation in PE class fluctuated over the past five years, there has been a noticeable increase in the percentage of physically active children for at least 60 minutes/day.

SPM 2 - Percent of live births to resident women who received first trimester prenatal care

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			50	80
Annual Indicator			47.8	49.7
Numerator			107	77
Denominator			224	155
Data Source			Birth Registry	Birth Registry
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	50.0	52.0	55.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 47.8% of females delivering a live birth received prenatal care beginning in the first trimester in 2021. About 38.8% received prental care in the second trimester and 12.5% received care in the 3rd trimester. Less than 1% did not receive any prenatal care.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 50% of females delivering a live birth received prenatal care beginning in the first trimester of 2022. About 37% received prenatal care in the second trimester, and 8% received care in the 3rd trimester. About 5% did not receive any prenatal care.	

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			35	35
Annual Indicator			0	0
Numerator			0	0
Denominator			4	4
Data Source			School Health Screening	School Health Screening
Data Source Year			2021	2022
Provisional or Final ?			Provisional	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	0.0	2.0	2.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	

SPM 4 - Number of schools that implement a new HPV parental consent form

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	10.0	22.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.

SPM 6 - Number of school-based group educational sessions on alcohol and drug use

Measure Status:	Active

Baseline data was not available/provided.

Annual Objectives		
	2024	2025
Annual Objective	0.0	0.0

Field Level Notes for Form 10 SPMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.

SPM 7 - Number of trainings to improve and enhace MCH workforce capacity

Measure Status:	Active

State Provided Data	
	2022
Annual Objective	
Annual Indicator	0
Numerator	
Denominator	
Data Source	program records
Data Source Year	2022
Provisional or Final ?	Provisional

Annual Objectives		
	2024	2025
Annual Objective	1.0	1.0

Field Level Notes for Form 10 SPMs:

None

Form 10
State Outcome Measures (SOMs)

State: Palau

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities

Measure Status:	Inactive - Replaced			
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			4	15
Annual Indicator		12	14	14
Numerator				
Denominator				
Data Source		School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022
Provisional or Final ?		Final	Final	Final

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 2 private high schools and 10 public schools increased the number of physical activity days to at least three (3) 60min/day.	
2.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 4 private high schools and 10 public schools increased the number of physical activity days to at least three (3) 60min/day.	
3.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Four private high schools and ten public schools increased the number of physical activity days to at least three (3) 60min/day.	

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months

Measure Status:			Active	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			35	40
Annual Indicator		32.9	40.9	41.3
Numerator		70	90	64
Denominator		213	220	155
Data Source		2020	2021	2022
Data Source Year		PPRASS	PPRAS/WBC	PPRAS/WBC
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	45.0	50.0	55.0

Field Level Notes for Form 10 SOMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data are not available at this time. A new surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: About 33% of mothers exclusively breastfed their infants during 6 months visits at a well-baby clinic.	
3.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: About 41% of mothers exclusively breastfed their infants during 6 months visits to a well-baby clinic. Exclusive breastfeeding for up to 3 months has remained the same in the past 5 years. About 50% said they had to go back to school or work. 42% said they had other reasons for not exclusively breastfeeding and 8% of mothers said they stopped breastfeeding exclusively because they did not have enough breast milk.	
4.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: Exclusive breastfeeding for up to 3 months has remained the same in the past five years. About 41% said they had to go back to school or work. 35% said they had other reasons for not exclusively breastfeeding, and 23.5% of mothers said they stopped breastfeeding exclusively because they did not have enough breast milk.	

Form 10
Evidence-Based or –Informed Strategy Measures (ESMs)

State: Palau

ESM 1.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			30	35
Annual Indicator			0	12.5
Numerator			0	1
Denominator			8	8
Data Source			CHCs	CHCs
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	2.0	4.0	6.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.

ESM 5.1 - Number of child care facilities that received training on safe sleep

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			35	40
Annual Indicator			0	0
Numerator			0	0
Denominator			4	4
Data Source			MCH	MCH
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	1.0	2.0	4.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	
2.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: The selected new measure aligns with new ESMs. Data will be provided during the next reporting period.	

ESM 6.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			15	20
Annual Indicator			41.4	30.8
Numerator			353	250
Denominator			852	812
Data Source			ASQ Database	ASQ Database
Data Source Year			2021	2022
Provisional or Final ?			Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	25.0	30.0	35.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2019**
	Column Name:	**State Provided Data**
	Field Note: Data are not available at this time. A new surveillance tool is implemented to capture data requirements for 2020 reporting.	
2.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: Data are not available at this time. System enhancement for the new EHR to capture data is still ongoing.	

ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support

Measure Status:	Active

State Provided Data					
	2018	2019	2020	2021	2022
Annual Objective	45	40	33	35	37
Annual Indicator	33.5	33.5	39.2	39.2	39.2
Numerator	65	65	80	80	80
Denominator	194	194	204	204	204
Data Source	CSN	CSN	CSN	CSN Survey	CSN Survey
Data Source Year	2018	2019	2020	2020	2020
Provisional or Final ?	Final	Final	Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	39.0	41.0	45.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2017**
	Column Name:	**State Provided Data**
	Field Note: 33.5% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 12% received services from a faith-based organization.	
2.	**Field Name:**	**2018**
	Column Name:	**State Provided Data**
	Field Note: 33.5% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 12% received services from a faith-based organization.	
3.	**Field Name:**	**2020**
	Column Name:	**State Provided Data**
	Field Note: 39% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 5% received services from a faith-based organization.	
4.	**Field Name:**	**2021**
	Column Name:	**State Provided Data**
	Field Note: 39% of children with special health care needs and their families had a care coordination plan and were linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, and information, guidance on the child's special needs care, and advocated for their family. 5% received services from a faith-based organization.	
5.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**
	Field Note: 39% of children with special health care needs and their families had a care coordination plan linked to primary healthcare services and community support systems. Community support systems provided parental training, resources, information, and guidance on the child's special health care needs, and advocated for their family. 5% received services from a faith-based organization.	

ESM 13.1.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy

Measure Status:			Active	
State Provided Data				
	2019	**2020**	**2021**	**2022**
Annual Objective			20	25
Annual Indicator	20	36	26.4	25.8
Numerator	11	9	14	16
Denominator	55	25	53	62
Data Source	PPRASS	PPRASS	PPRASS	PPRASS
Data Source Year	2019	2020	2021	2022
Provisional or Final ?	Final	Final	Final	Final

Annual Objectives			
	2023	**2024**	**2025**
Annual Objective	25.0	30.0	30.0

Field Level Notes for Form 10 ESMs:

None

ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program

Measure Status:	Active

State Provided Data				
	2019	2020	2021	2022
Annual Objective			80	80
Annual Indicator		77.1	82.4	27.1
Numerator		1,208	1,241	285
Denominator		1,566	1,506	1,050
Data Source		School Health Screening	School Health Screening	School Health Screening
Data Source Year		2020	2021	2022
Provisional or Final ?		Final	Final	Final

Annual Objectives			
	2023	2024	2025
Annual Objective	80.0	80.0	85.0

Field Level Notes for Form 10 ESMs:

1.	**Field Name:**	**2022**
	Column Name:	**State Provided Data**

Field Note:
Due to a shortage of dental staff, no one was assigned to the school health screening. The pediatrician did assessment and education on a need basis and referred those with oral health issues to the clinic.

Form 10
State Performance Measure (SPM) Detail Sheets

State: Palau

SPM 1 - Percent of children (6-11) and adolescents (12-17) physically active at least 60 minutes/day)
Population Domain(s) – Child Health, Adolescent Health

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase by 2% percent annually children and adolescent who are physically active at least 60 minutes/day</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of children 6-11 who are physically active at least 60 minutes/day
Number of adolescents 12-17 who are physically active at least 60 minutes/day</td></tr>
<tr><td>Denominator:</td><td>Number of children 6-11 years old based on census data
Number of children 12-17 years old based on census data</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Annual school health screening and Palau Census data will be used to calculate this measure. The Palau MCH program conducts annual school health screening and therefore, data is readily available. Palau will utilize YRBS to supplement data on this measure.</td></tr>
<tr><td>Significance:</td><td>According to Palau's 2017 Hybrid Report, more than 50% of Palauans have low-level of physical activity. Additionally, 62% of young adults have low HDL prevalence. Efforts to reduce childhood obesity through innovative and culturally appropriate activities is necessary at this stage to ensure that children continue to be physically active through adulthood. School Health Screening data indicates that about 30% of children and adolescents in 2019 were not physically active for 60 minutes/day, in fact, 44% reported that they spent more than 3 hrs per day doing sedentary activities.</td></tr>
</table>

SPM 2 - Percent of live births to resident women who received first trimester prenatal care
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	By 2025, increase the percentage of pregnant women with first trimester prenatal care by 10%
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of live births to resident women who received prenatal care during their first trimester **Denominator:** Number of live births to resident women in the last 12 months
Data Sources and Data Issues:	Prenatal Care medical records
Significance:	The percent of infants born at low birth weight (LBW) of <2,500 grams in 2022 is 9%. The average birth weight is 3,096 grams (6.83 lbs.). In 2022, Palau had 18 preterm births of <37 weeks gestation, representing 12% of live births. About 4% were less than 34 completed weeks gestation. Most preterm births are due to complications in pregnancy. Identifying high-risk pregnancies early on during the first trimester can help

SPM 3 - Percent of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past year
Population Domain(s) – Child Health, Adolescent Health

Measure Status:	Active
Goal:	To increase the percentage of children ages 6 through 17 who have a preventive medical visit.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of central public elementary schools that have implemented a comprehensive bullying/Social-Emotional Learning (SEL) program in the past 12 months **Denominator:** Number of central public elementary schools
Data Sources and Data Issues:	School Health Screening and Well-Baby Registry and program records
Significance:	FHU is supporting a systematic approach to reducing bullying among youth by encouraging the implementation of comprehensive prevention programs. Statewide SEL training to administrators, educators, and support staff to ensure knowledge and understanding of social-emotional competencies. Evidence suggests this type of training can reduce bullying incidence by shifting the school climate and culture to a trauma-informed/compassionate/ equitable environment. This strategy increases educators' confidence and ability to implement these practices which ultimately will decrease the rates of bullying among youth

SPM 4 - Number of schools that implement a new HPV parental consent form
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Increase the number of schools that implement a revised HPV parental consent form from 0 to 22
Definition:	**Unit Type:** Count **Unit Number:** 22 **Numerator:** 0 **Denominator:**
Healthy People 2030 Objective:	Increase the proportion of adolescents who receive recommended doses of the human papillomavirus (HPV) vaccine.
Data Sources and Data Issues:	Program records to indicate which schools have implemented the consent form, and WEBiz to determine if more uptake of the vaccine.
Significance:	HPV (human papillomavirus) can lead to cancer in both men and women, and in Palau cervical cancer remains a threat to women. Almost all HPV-related cancers can be prevented by the HPV vaccine, but many adolescents aren't getting the vaccine. Although we have a good school health program the HPV vaccine is implemented in 5th grade girls, grantee has had challenges in getting parents to consent. This new way of getting parental consent will educate them on the importance of the vaccine to hopefully persuade them to consent.

SPM 5 - HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	Increase the number of HIV, Other STIs, and Teen Pregnancy: Group-Based Comprehensive Risk Reduction Interventions for Adolescents from 0 to 1
Definition:	**Unit Type:** Count **Unit Number:** 0 **Numerator:** 1 **Denominator:**
Healthy People 2030 Objective:	Increase the proportion of adolescents who receive formal instruction on delaying sex, birth control methods, HIV/AIDS prevention, and sexually transmitted diseases before they were 18 years old
Data Sources and Data Issues:	Program records for implementation of activity, CDU database for reported cases, school health screening reports
Significance:	Sex education focused on delaying sex, using birth control, and preventing sexually transmitted infections (STIs) is linked to healthier sexual behaviors in adolescents. But fewer adolescents have been getting this type of sex education in recent years. Increasing the use of sex education curriculum-based programs may help increase birth control use, prevent pregnancies, and reduce rates of STIs in this age group. In Palau where sexual and reproductive health is not easily discussed openly, the program would like to develop and implement intervention in select schools and pilot.

SPM 6 - Number of school-based group educational sessions on alcohol and drug use
Population Domain(s) – Adolescent Health

Measure Status:	Active
Goal:	To decrease the number of adolescents who report using alcohol or other harmful substances
Definition:	**Unit Type:** Count **Unit Number:** 0 **Numerator:** 1 **Denominator:**
Healthy People 2030 Objective:	Reduce the proportion of adolescents reporting use of alcohol during the past 30 days
Data Sources and Data Issues:	Program records and school health screening reports
Significance:	Drinking alcohol is associated with risky behaviors like smoking and drug use. It's also linked to the 3 leading causes of death in adolescents — accidental injury, suicide, and homicide. School-based programs are effective at preventing alcohol use, and screening and brief intervention programs can help reduce alcohol use disorder in adolescents.

SPM 7 - Number of trainings to improve and enhace MCH workforce capacity
Population Domain(s) – Cross-Cutting/Systems Building

Measure Status:	Active
Goal:	Generate MCH staff/provider record and tracking system on assigning and obtaining training to enhance program workforce capacity
Definition:	**Unit Type:** Count **Unit Number:** 1 **Numerator:** 1 **Denominator:**
Data Sources and Data Issues:	program records
Significance:	FHU workforce capacity has welcomed and continue to welcome several new employees; career development is key to improvement in quality services.

Form 10
State Outcome Measure (SOM) Detail Sheets

State: Palau

SOM 1 - Number of schools with at least three (3) 60min/day of physical activities
Population Domain(s) – Child Health, Adolescent Health

Measure Status:	Inactive - Replaced
Goal:	Increase the number of school who implement at least three (3) 60min/day of physical activity.
Definition:	**Unit Type:** Count **Unit Number:** 22 **Numerator:** Number of school with at least three (3) 60min/day of physical activity **Denominator:**
Data Sources and Data Issues:	School Health Screening
Significance:	Majority of the school in Palau have only 1 day dedicated for physical activity where students can be physically active for 60 min. In partnership with the Ministry of Education, the School Health Program will provide support in developing a staggered plan to address the limited space and facilities for the school to implement the 3 days of physical activity.

SOM 2 - Percent of infants who are breastfed exclusively for up to 6 months
Population Domain(s) – Perinatal/Infant Health

Measure Status:	Active
Goal:	Increase by 5% annually the percent of infants who are breastfed exclusively for up to 6 months.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of infants who are exclusively breastfed in the first 6 months **Denominator:** Number of live births in the given year
Data Sources and Data Issues:	Palau Pregnancy Risk Assessment Survey
Significance:	Many mothers need additional training for lactating techniques including ways to extract and safely store breast milk to continue breastfeeding. According to the 2019 PPRASS Survey, 40% of mothers stopped breastfeeding because they did not have enough breast milk, and 40% said they had to go back to school or work.

Form 10
Evidence-Based or –Informed Strategy Measures (ESM) Detail Sheets

State: Palau

ESM 1.1 - Number of Federally Qualified Health Centers (FQHCs) that provide preventive medical services
NPM 1 – Percent of women, ages 18 through 44, with a preventive medical visit in the past year

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase number of health centers that provide preventive medical visits for women ages 18-44 from 1 to 2</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of health centers that provide preventive medical visits for women ages 18-44 in the last 12 months</td></tr>
<tr><td>Denominator:</td><td>2</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>Program records</td></tr>
<tr><td>Evidence-based/informed strategy:</td><td>Offer preventive services through community health center to facilitate access to preventive medical visits for reproductive women</td></tr>
<tr><td>Significance:</td><td>In 2019, less than 25% of women between the age of 18-44 received preventive medical services. Palau has continued improve ways to improve education and public awareness on the importance of preventive services as well as innovate approaches to bringing services to the community.</td></tr>
</table>

ESM 5.1 - Number of child care facilities that received training on safe sleep
NPM 5 – A) Percent of infants placed to sleep on their backs B) Percent of infants placed to sleep on a separate approved sleep surface C) Percent of infants placed to sleep without soft objects or loose bedding

Measure Status:	Active
Goal:	By year 2025, have 50% of child care facilities in Palau to receive training on safe sleep
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of child care facilities that received training on safe sleep in the past 12 months **Denominator:** Number of child care facilities in Palau in the past 12 months
Data Sources and Data Issues:	Program records
Significance:	It is evident that 8% of women still placed their infant to sleep on their stomach. Child care facilities spend large amounts of time with infants, they should be aware of safe sleep methods and offer education/counseling to mothers when necessary.

ESM 6.1 - Number of parents of children 9-35 months who complete the ASQ developmental screening tool
NPM 6 – Percent of children, ages 9 through 35 months, who received a developmental screening using a parent-completed screening tool in the past year

Measure Status:	Active
Goal:	Increase by 2% annually, the number of parents of children 9-35 months who complete the ASQ developmental screening tool
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of parents of children ages 9 through 35 months who complete the ASQ developmental screening tool **Denominator:** Number of children ages 9 through 35 months
Data Sources and Data Issues:	ASQ Screening Database
Significance:	Family Health Unit (FHU) providers have been trained to administer the ASQ developmental screening tool. With limited specialty services for children in Palau, it is important to assess the children with developmental needs and identify needed services that may require off-island referrals or contracted specialty services.

ESM 11.1 - Increase the number of children with special health care needs and their families with a care coordination plan who are linked to primary healthcare services and community support
NPM 11 – Percent of children with and without special health care needs, ages 0 through 17, who have a medical home

<table>
<tr><td>Measure Status:</td><td>Active</td></tr>
<tr><td>Goal:</td><td>Increase by 3% annually, the percent of children with special health care needs, ages 0 through 17, with a care coordination plan who are linked to primary healthcare services and community support</td></tr>
<tr><td>Definition:</td><td>
<table>
<tr><td>Unit Type:</td><td>Percentage</td></tr>
<tr><td>Unit Number:</td><td>100</td></tr>
<tr><td>Numerator:</td><td>Number of children with special health care needs, ages 0 through 17 with a care coordination plan who are linked to primary healthcare services and community support</td></tr>
<tr><td>Denominator:</td><td>Number of children with special health care needs in the given year</td></tr>
</table>
</td></tr>
<tr><td>Data Sources and Data Issues:</td><td>CSN Tracking Database</td></tr>
<tr><td>Significance:</td><td>Comprehensive and coordinated care for CSN population and families. Studies have shown that care coordination, a component of the medical home, can aid families who have children with special health care needs to provide better help and support, as well as specialist utilization when they are well connected and linked to primary healthcare services and community support.</td></tr>
</table>

ESM 13.1.1 - Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy
NPM 13.1 – Percent of women who had a preventive dental visit during pregnancy

Measure Status:	Active
Goal:	To assist identified pregnant women who chew betelnut with tobacco in having healthy pregnancy to avoid poor birth outcomes by obtaining the dental services needed.
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of dental cleaning for pregnant women who chew betelnut with tobacco during pregnancy **Denominator:** Number of pregnant women in the given year
Data Sources and Data Issues:	PPRASS
Significance:	By working collaboratively with the community health centers and oral health program, dental cleaning and oral health education can be promoted to pregnant women who are chewing betelnut with tobacco. Chewing betelnut with tobacco is commonly practiced throughout Palau. More than half of pregnant women in 2019 reported chewing betelnut with tobacco.

ESM 13.2.1 - Percentage of children ages 1 through 17 who receive preventive dental services through the school health screening program
NPM 13.2 – Percent of children, ages 1 through 17, who had a preventive dental visit in the past year

Measure Status:	Active
ESM Subgroup(s):	Children 6 through 11
Goal:	Increase the number of children ages 1 through 17 who receive preventive dental services by 5% annually through the school health program
Definition:	**Unit Type:** Percentage **Unit Number:** 100 **Numerator:** Number of children who received preventive dental services through the school health screening annually **Denominator:** Number of children who participated in the school health screening annually
Data Sources and Data Issues:	School Heath Screening
Significance:	More than 50% of children screened through the school health screening program in Palau have dental caries with an average of 2 caries. About 70% of children who reported tobacco use, chew betelnut with tobacco. Youngest reported user is a 7 year old.

Form 11
Other State Data

State: Palau

The Form 11 data are available for review via the link below.

Form 11 Data

Form 12
MCH Data Access and Linkages

State: Palau

Annual Report Year 2022

	Access				Linkages	
Data Sources	(A) State Title V Program has Consistent Annual Access to Data Source	(B) State Title V Program has Access to an Electronic Data Source	(C) Describe Periodicity	(D) Indicate Lag Length for Most Timely Data Available in Number of Months	(E) Data Source is Linked to Vital Records Birth	(F) Data Source is Linked to Another Data Source
1) Vital Records Birth	Yes	Yes	Daily	2		
2) Vital Records Death	Yes	Yes	Daily	2	Yes	
3) Medicaid	No	No	Never	NA	No	
4) WIC	No	No	Never	NA	No	
5) Newborn Bloodspot Screening	No	No	Never	NA	No	
6) Newborn Hearing Screening	Yes	Yes	Monthly	1	Yes	
7) Hospital Discharge	Yes	Yes	Daily	1	Yes	
8) PRAMS or PRAMS-like	Yes	Yes	Monthly	1	Yes	

Form Notes for Form 12:

None

Field Level Notes for Form 12:

Data Source Name:	**1) Vital Records Birth**
	Field Note: The program has access to vital records (births and deaths) system.
Data Source Name:	**2) Vital Records Death**
	Field Note: The program has access to vital records (births and deaths) system.
Data Source Name:	**3) Medicaid**
	Field Note: Palau is not eligible for Medicaid.
Data Source Name:	**4) WIC**
	Field Note: Palau is not getting WIC assistance.
Data Source Name:	**5) Newborn Bloodspot Screening**
	Field Note: Palau Laboratory is still trying to identify an off-island reference lab that accepts a low volume of tests.
Data Source Name:	**6) Newborn Hearing Screening**
	Field Note: The newborn hearing screening data is managed by the program.
Data Source Name:	**7) Hospital Discharge**
	Field Note: The program has access to the main Health Information Sytems.
Data Source Name:	**8) PRAMS or PRAMS-like**
	Field Note: The program manages PRASS (PRAMS-Like).